a	9	F.	Z.	4
18	6	4	14	
SEC)-NA			
Q1	pni	nt)		

1 DECEA

First

Middle Grove

Caucasian

Harford

give street address)

Last Adams 5. DATE OF BIRTH

November 13

YES.

MOTHER'S MAIDEN NAME First

20. DATE OF DEATH 2 Month 16 Day 196 Gear

2b. HOUR 8:05M

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

IF UNDER 24 HRS.

HOURS

Last

APPROXIMATE INTERVAL

(Type ar print)	
3. SEX	
Female	
7n RIRTHPLACE (State of	ii
Pennsylv	7
IO. CITY OR TOWN OF D	16
Havre de	(

fareian ania 7b. CITIZEN OF WHAT COUNTRY? U.S.A.

13b. COUNTY

Middle

4. RACE

8. MARRIED X NEVER MARRIED WIDOWED [7]

Citizens Nursing Home

13c CITY OR TOWN

Be.1

DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital

9. COUNTY OF DEATH

Agnes

Harford 12a. USUAL OCCUPATION (Kind of work done

6. AGE (In years

last birthday)

during most of working life, even if retired.)
Housewife 13d. INSIDE CITY LIMIT

	13e. STREET	AND	NUMBER
NO 🗌	1.22	E.	Broad

John 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, pe or unknown) (If yes give war ordates of service)

Maryland

16b. SOCIAL SECURITY NO. 217-07-5201B

Grove

17. INFORMANT

Wilson Broadway Bel

18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave:

rise to immediate cause (a) stating the underlying cause

DUE TO, OR

PART 2	OTHER	SIGNIFICANT	CONDITIONS	CONTRIBUTING	TO DEATH BU	T NOT RELATED	TO THE	TERMINAL DISEASE	ORCONDITION	GIVEN IN PART	[](a

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

YES 🖂 NO F

20a. AUTOPSY?

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner)

Manth Day Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

City or Town

County State

21d. INJURY OCCURRED While Nat while at wark

220. I certify that (I) (this hospital) attended the deceased from... sow the deceased olive on.

couses stated above, (1) (we) (did) (did not) view the body after death. DEGREE

ATTENDING PHYS.

Cemetterv

22e. ADDRESS

DIRECTOR

_19 Locy, and that in (my) (our) apinion death occurred on the date and hour and from the

STAFF PHYS.	2/14	/
i.	10 11	7

23a. BURIAL, CREMATION

22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

Brogue.

(County) (State)

Feb. 18.1969 Guinston Church 24. FUNERAL DIRECTOR John H. Harkins

Delta. Pa.

256. REGISTRAR'S SIGNATURE achemiter !

VR A15 (4) 30M REV. 1/68

d cómpletely filled in by the furmove carbon papers. Pages I move carbon papers. Pages I ny event, within 72 hours driet 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 14. FATHER'S NAME

Temove in any and and

priar ta l

the

lease the attending physician sit permit. Then please burial, cremation, or remaval, signed by the burial-transit p

requires that the death certificate be executed within 24 haurs after death attending physician. has been ATTENDING PHYSICIAN: The law be detached for use State Dept. of Health TO FUNERAL DIRECTOR: After this certificate by the hospital or

be retained

TO HOSPITAL

director, page 3 shauld should be filed with the

· The second of BPA

Trace Inc. DA 31.15.15 D. 1 2. A married 10 -01 MO 11 et its and the second of the second o FOFTE ST F-ULLY

		112443	MEDICAL EX	XAMINER'S	ERTIFICATE OF DE	ATH				
		CEASED-NAME ype or Print)	L.F	Middle	3 lost	OF ESTI-	Month Doy Year 9	2b. HOUR		
	3. 58	X 4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER	ZC. DATE INCHIOUNCED I	DEAD C =	2d HQUR		
		FW	FEb. 9, 1911	lost birthday)	MONTHS DAYS HOURS	Manth Fe & D	by Se Year 67	112		
		IRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNT		ARRIED NEVER MARRIED	9. COUNTY OF DEATH		•		
	Ho	milton, Ohio	U.S.A.		DOWED DIVORCED	Harford		M		
^	10. C	THE HILL	nive street add	HOSPITAL OR INSTITUTION (Iress)	during	ISUAL OCCUPATION (Kind of wark most of warking life, even if re Housewife				
2		USUAL RESIDENCE (Where deceas mission) STATE	ed lived, if institution: Res	tor-d B		the state of the s	-vwood 1	Pde		
1	14. F	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME	First Middl	Tribuna a 1			
*		Charles	Hugust	Glins		, ,	12uilmann	1		
		VAS DECEASED EVER IN U.S. ARMED F es, no, or unknown) (If yes give		1AL SECURITY NO.	17. INFORMANI(Hudomal): Col. EugENE G. B	ENNETT BEI HE	wood Road Manyland 21014			
		1B. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one cause per line for (o)), (b), and (c).)	J 8 1/	0150050	APPROXIMATE IN BETWEEN ONSET AN	ITERVAL ND DEATH		
		IMMEDIA	TE CAUSE (gy	rlase le	rote CV	112512				
		Canditions, if any, which gave	DUE TO, OR AS A COI	NSEQUENCE OF						
		rise to immediate cause (a), (b), (b)								
		stating the underlying cause last.	DDE TO, OK AS A COL	HOLDOLACE OF						
		PART 2. OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO D	EATH BUT NOT RELATED	D TO THE TERMINAL DISEASE OR (CONDITION GIVEN IN PART 1(a)				
						constitution of the state ((a)				
	CERTIFICATION	19a. DATE OF OPERATION		NDITION FOR WHICH O	PERATION		20. AUTOPSY?			
2	TIER		WAS	S PERFORMED?			YES 🗀	NO K		
	MEDICAL CER	21g. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	21b. TIME OF INJURY M HOUR A.M. P.M.	anth, Day, Year	21c. HOW INJURY OCCURRED (En	nter nature of injury in Port 1 or F	art 2, Item 1B.)			
	MED		LACE OF INJURY (At home,	form, street,	21f. LOCATION Street or R.F.D. No.	. City or Town	County	State		
		AT WORK AT WORK	tory, office building, etc.)							
		22a. I certify that I to	ack charge of the remo	ins described obo	ve, held on Autopsy,	Inspection, Inqu	iry and in my	opinion		
		death resulted fram:	Natural causes	, Accident,	Suicide , Homicid	te Undetermined m	anner 🗌	. /		
		ACTUAL 9/	I D P	0	CHIEF MEDICAL		se/Acit	me.		
		SIGNATURE SCALA	uega	emen	M.D. ASSISTANT MED	THE EXPONENTIAL COMPANY	b. DATE SIGNED	9		
5		EXAMINER'S NAME (Type) Ge	rald C. Palm	er, M.D.	DEPUTY MEDICA ADDRESS(Street	AL EXAMINER 🔀	2	-		
>	23a.	OCHANIAL (Consid.)	-	23c. NAME OF CEMETER		23d. LOCATION (City or Town)		te)		
		JULIA! LE			NATIONAL CEMETER		3			
	24.	FUNERAL DIRECTOR	ter Wi Broa	dury a Loil.	ams St. 250 RECT	- 4 4 1-44 /3/	STRAR'S SIGNATURE	0		
	-	mus william Frata	RELITIC	poplared .	21014 DATE FE	D 1 1 1300 /	10 10			

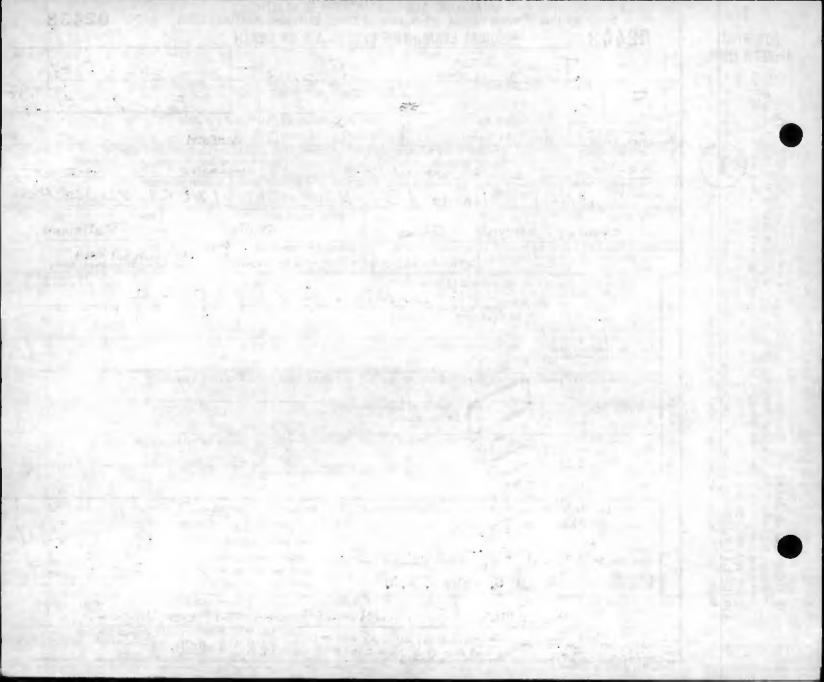
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me Villian

TO DEPUTY

5 may be retained for your files. Health priar to burial, cremation, ar remaval, and in any event within 72 hours after deal

h the State Department of



death.

funeral

death.

gecuted within 24 haurs after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02439

250. RECID BY REGISTRAR 196956. REGISTRAR'S SIGNATURE

0.2	2444			C	ERTIFIC	ATE OF	DEATH						00	
1. DECEASE (Type or		FRANK		Middle V.	j	Lost BIERBA	UM		of of D		1969	эг	39 }	P P
3. SEX	ale		4 RACE Cau	casian		5. DATE OF E	BIRTH bruary	1888		5. AGE (In yeors lost birthday) YRS.	MONTHS 1	YEAR	NOURS :	24 NRS. MIN
7o. BIRTHP country)	LACE (Stote o	r foreign 7	b. CITIZEN OF WH. U.S.,		8. MARRIED WIDOWED	NEVER MA	RRIED	9. COUNT	TY OF D	Harford				N
	ppator		11. NA give st	ME OF HOSPITAL OR INST		ot in hospitol				(ind of work done e, even if reticed.) (Ret)	12b. KIN INDUST He:	DOF BI	USINESS	or uip
13o. USUAL odmission)	RESIDENCE (STATE ME	Where deceosed aryland	lived, if institution 13b. COUNTY	on: Residence before Harford	Joppa Joppa	towne				et and number 411 Hasle				
14. FATHER	I	First	Middle Bi	erbaum (D)		MAIDEN NAME F	irst ella			adley	(I	lost	
160. WAS Yes, no.	or unknown)	R IN U.S. ARME (If yes give wor	D FORCES? or dates of service)	278-01-45		NFORMANT	J. Bier	baum,	, Jo	Address ppatowne			nd	
Cond rise t stotin lost.	PART I. DEATI // O graph itions, if any, to immediate any the under	H WAS CAUSED IMMEDIATI which gove e couse (o), lying couse	BY: E CAUSE (o) DUE TO, OR A: (b) DUE TO, OR A: (c)	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF ING TO DEATH BUT NOT	ecle	ratie	he a	erf CONDITION	GIVEN	in part 1(0)	BEN	1 h	n lt	EATH
190. C	DATE OF OPERA	ATION 19b. CO	ONDITION FOR WHI	CH OPERATION WAS PERI	ORMED	20a. AUT YES		C.		ES, WERE FINDINGS OF DEATH?	CONSIDERED	IN CER	TIFYING)
	contributing	S UNDERLYING CAUSE OF DEATH Hedicol exomine	r) HOUR A.M. P.M.	Month Doy Yeor			•			in Port 1 or Port 2,	,			
While at wo	21d. INJURY OCCURRED While Not while of work 122a. I certify that (I) (this haspital) attended the deceased from 124f. LOCATION Street or R.F.D. No. City or Town County Stote 122a. I certify that (I) (this haspital) attended the deceased from 124f. LOCATION Street or R.F.D. No. City or Town County Stote 22a. I certify that (I) (this haspital) attended the deceased from 124f. LOCATION Street or R.F.D. No. City or Town County Stote													
	saw the causes st	deceased ali	ve an/2	did not) view the b	(59, an	d that in (n	ny) (our) opi	nian dec	ath ac	curred an the d	late and h	aur a	nd fra	m th
6	SIGNATURE	my) 0	Lind	les In	DEGR	1 1116	M 0	AED. IRECTOR		CTAPE	.2 Feb:		ry I	196
- 4	PHYSICIAN'S NAME (Type)		y J. Lin							Joppat				
HW	AL, CREMATION		Feb. 69	Ottowa			tery,	To	led	(City or Town) O • CS5b. REGISTRAR	(County)	Ohi	(Stote))
Z4. FUNER	AL DIRECTOR			ADDRESS			230. KECIL B	i⊈ κ⊭αιΣ‼Κ	KAK401	COLDE KEGISTRAK	3 SIGNATUR	G.	-	

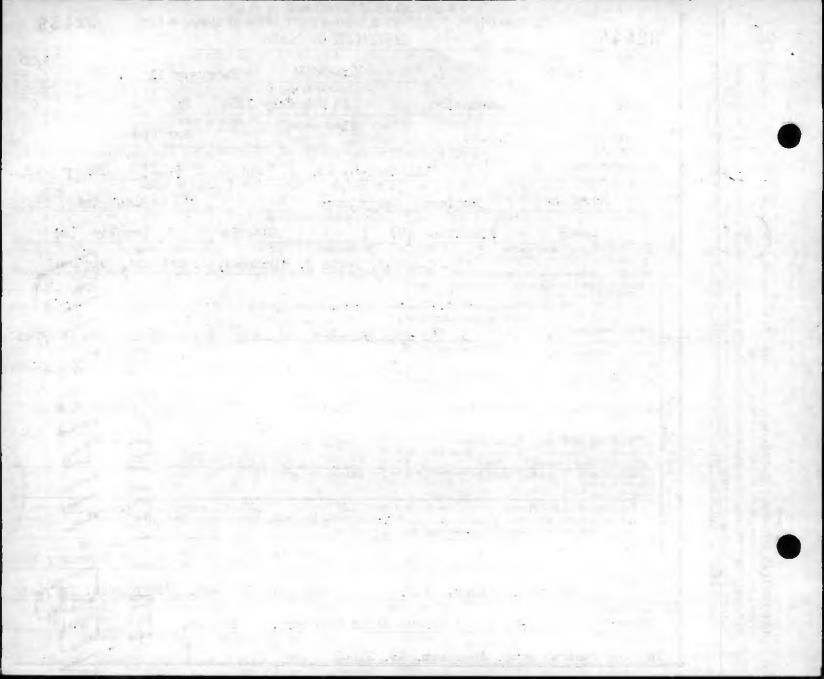
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Tarring Funeral Home, Aberdeen, Md. 21001

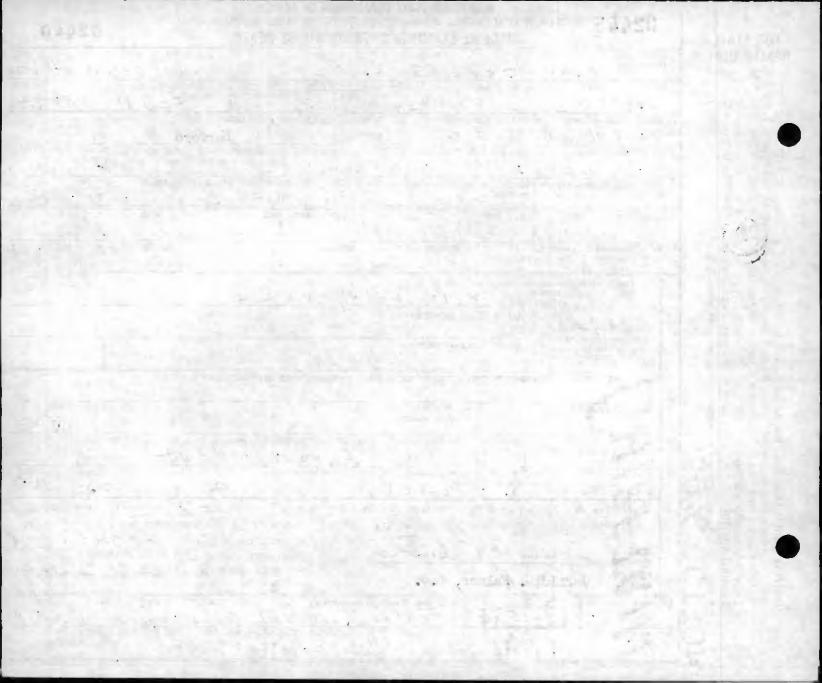
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physkian and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon page should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within Z

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate

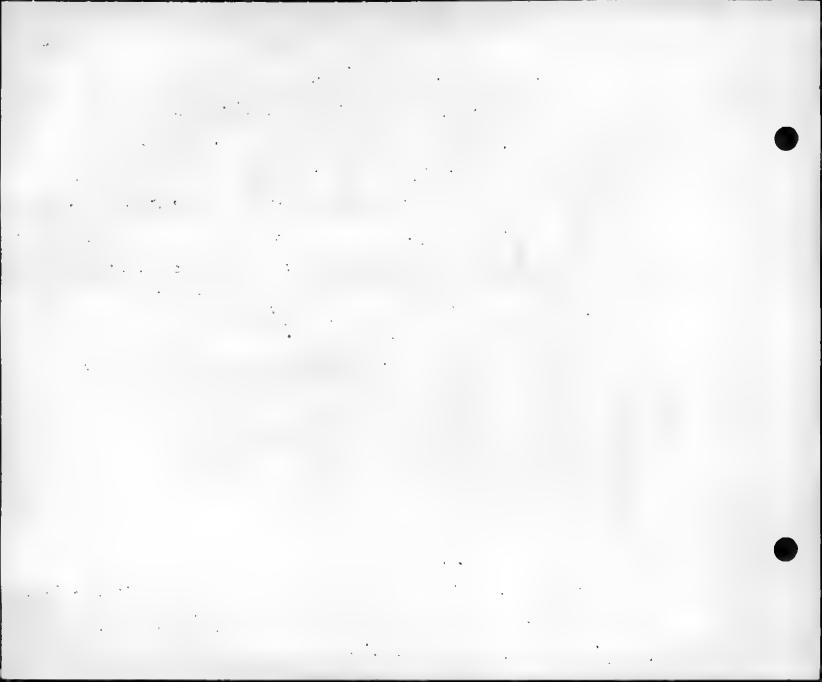
Page 4 may be retained by the haspital ar attending physician.



1		MARYLAND STATE DEPARTMENT OF HEALTH	
		62445 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	02440
FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		(ype or Print) OF ESTI-	Day Year 2b. HOUR
oy is 3 to Page ent of	2.0	THE STATE OF RIPTH 16 AGE (IN WARTS IF UNDER 74 HIS 12. DATE DEPANDINGED DEAD	11 1961 84
any delay	3. \$1	4. RACE S. DATE OF BIRTH 6. AGE (in yours lif UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIM. Month February 1	Year 1969 84 N
Depa		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Y. COUNTY OF DEATH try). Harford.	
Pages vith far State			2b. KIND OF BUSINESS OR
De y	5	Javrede Grace give street oddress) Harford memorial during most of working life, even if retired.)	nother Sod C
s after 18. Ging e alang 2 with death.		USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER 13th STATE 2nd 13th COUNTY Harfold Bel aux 15th No 12th 14th 15th 15th 15th 15th 15th 15th 15th 15	8×152
Hour Ham /	14. F	ATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	of post
hin 24	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 116b, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS PA	HI Berlis
Mit Pe Conn Conn Conn Conn Conn Conn Conn Con		es, no, or unknown) (if yes give war or dates of service) 215-42-2386 Mrs. Emma Viola Brooks, B	el air, Ind
ecuted wing" in padical Exe		18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed 'pending'' ii Chief Medical transit permit. y event within		IMMEDIATE CAUSE (o) / (a ())	
be exe		DUE TO, OR AS A CONSEQUENCE OF Conditions, it any, which gave	
d be d i.i.		rise to immediate couse (a), (b)	
wor the trial-		stoting the underlying couse DULTU, OR AS A CONSEQUENCE OF	
cate ng the led to		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
te, writing farwarded e used as c remaval, ar	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his ce farve farve reme	A I	WAS PERFORMED?	YES TO NO
The fica I be		21a. EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING HOUR A.M. A CAUSE OF DEATH 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item A . TO A CC, 9 C V	18.)
INER: e certif shauld files. 3 shaul atian,	MEDICAL	CAUSE OF DEATH	County State
XAM Jite th your your Page crem		WHILE NOT WHILE AT WORK AT WOR	ta. Mol.
director. Postained for DIRECTOR:		22a. I certify that I taak charge of the remains described abave, held an Autapsy, Inspection 🔀, Inquiry 🔣,	and in my opiniar
lease edirector director stained DIRECT r to bu		death resulted fram: Natural causes , Accident Suicide , Hamicide , Undetermined manner	
G 0		ACTUAL Derest C Palmer CHIEF MEDICAL EXAMINER 22b, DATE SI	CHED 1 150
RAI Pr		DEDITY MEDICAL EVANANTED 2 - /	2 - (9
necessory, p the funeral 5 may be re 10 FUNERAL Health prior		NAME (Type) Gerald C. Falmer, M.D. ADDRESS(Street, city, town, or county)	1
0 10 12 13 13 13 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (1) REMOVAL (Specify) 2-15-69 Clarks Charle Cemeters Kalmie Mr. Bel au	County) (Stote) Liferal C. M.
VR A15ME (5) 00	24.	FUNERAL DIRECTOR Bullock Havre de Grace Md DATE FFB 17 1999	
10M REV. 1/68	L	Le la branche de la	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82446 02443 CERTIFICATE OF DEATH 2a. DATE OF DEATH Last 2b. HOUR 1. DECEASED-NAME First Middle Manth 26 (Type or print) 4. RACE F JNDER 1 YEAR 3. SEX S DATE OF BIRTH 6 AGE (In years last_birthday) executed within 24 hours and completely filled in by 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) ARFORD DIVORCED [10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR give street address) F GRACE burial, crematian, ar removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d. INSIDE CITY JIMITS? 13e STREET AND NUMBER 13c. CITY OR TOWN 13b COUNTY 0 OUNTA 14 FATHER'S NAME Middle Last requires that the death certificate be URNS please physician o 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, pr unknown) (If yes give war or dates of service) FOUNTAIN ST. NUOL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gove) signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The faw requires the Page 4 may be retained by the haspital or attending physician. stating the underlying cause vacantar Disgese. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. of Health priar ta has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES I NO I certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day (If either, natify medical examiner) 21d INJURY OCCURRED
While Nat while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. County State City or Town TO FUNERAL DIRECTOR: After this 22a. I certify that (I) (this haspital) attended the deceased fram..... , and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an.... director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE OR CREMATORY 2Sq. REC'D, BY, REGISTRAR EMNERAL DIRECTOR DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

19447

CERTIFICATE OF DEATH

02442 02447

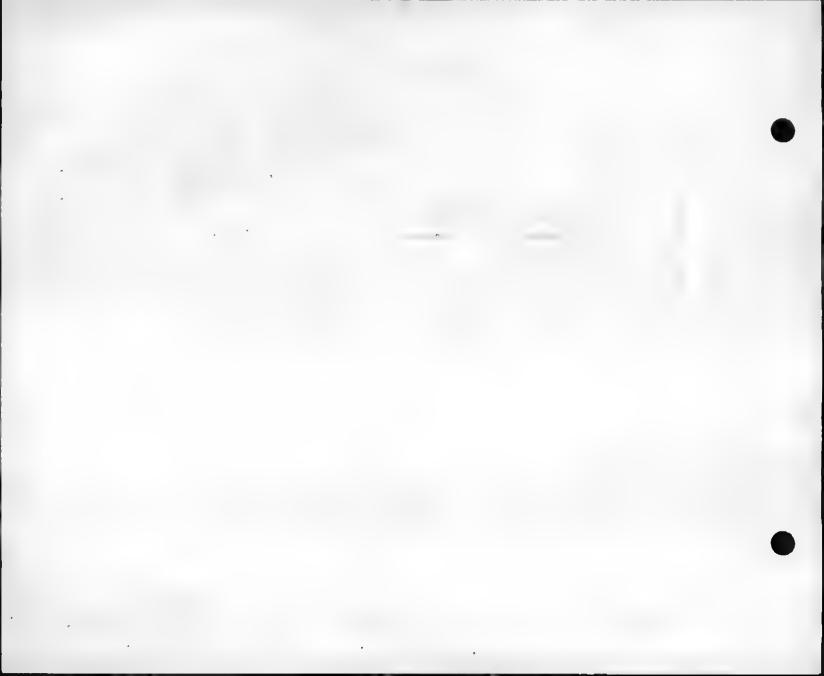
-13		
ľ	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission)
ı	HARFORD MARYLAND	a. STATE MAN A COUNTY
ŀ	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ı	write RURAL and give neerest town)	
ı	NURAL-HAVREDEGRACE 14DAYS	MEYSER, W.VA.
ł	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address)	d. STREET ADDRESS ON A FARM?
	HAVREDE GRACE RD#2BOX 283	35 N.CHURCH, ST YES NO. NO.
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
	(Type or print) WILLIAM STICKLEY	CALOWELL DEATH FEB. 11 1969
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 13st birthday) Months Days Hours Min.
	MALE WHITE WIDOWED DIVORCED .	MAY 8, 1882 So yrs. Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & Slete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
I	TEALESTATE TO JUSTIANCE RETIRED	W. VA 71.5. A.
ł	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ı	WILLIA'M S. CALDWELL	Kosa-Stuckley
ľ	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT JAddress HAVRE OBGRACE MO
ı	(Yes, no, or unkown) (Ifyes give war or dates of service) 736 511 1511 870	
		GOLDIEB. CHLOWELL RA. # 1804283-21078
ı	1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c),	ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	low mary Cdeysa 3hrs.
1	DUE TO	1 -1 . 12 181
1	Conditions, if eny, which) (b) Ca leres - &	clerotes (I housed 6 ym
1	geve rise to immediate cause	
ı	(a), sleting the underlying DUE TO	
ı	ceuse lest. (c)	OT BELLTED TO THE TENNIAL DISEASE COMMITTON ON SHIP BART ALL AD MAKE A PROPER
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
-	3 clotancel (see	pruses YES NO 12
ı	E LOK CONTRIBUTING THE CAUSE OF DEVIN	ED. (Enley nature of injury in Part I or Pert II of item 18.)
ı		V
ı		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
ı	Hour e.m. While No! While fee	indry, situate, office bridge, site.
1	21. I certify that (I) (this hospital) attended the deceased from	19 % that (1) (we) last
-1	21. I certify mar (i) (mis nospital) arrended the deceased from,	
		death occurred at
	220. SIGNATURE	ATTENDING MEO. STAFF 22b. DATE
		M.D. PHYS. DIRECTOR PHYS.
,	122c. PHYSICIAN'S TRalph Horky M	Dad ADDRESS Churchville Md
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	-0
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Commence and Copy and
	R. Madison Michell, THAVREDEGA	PACE MOI DATE

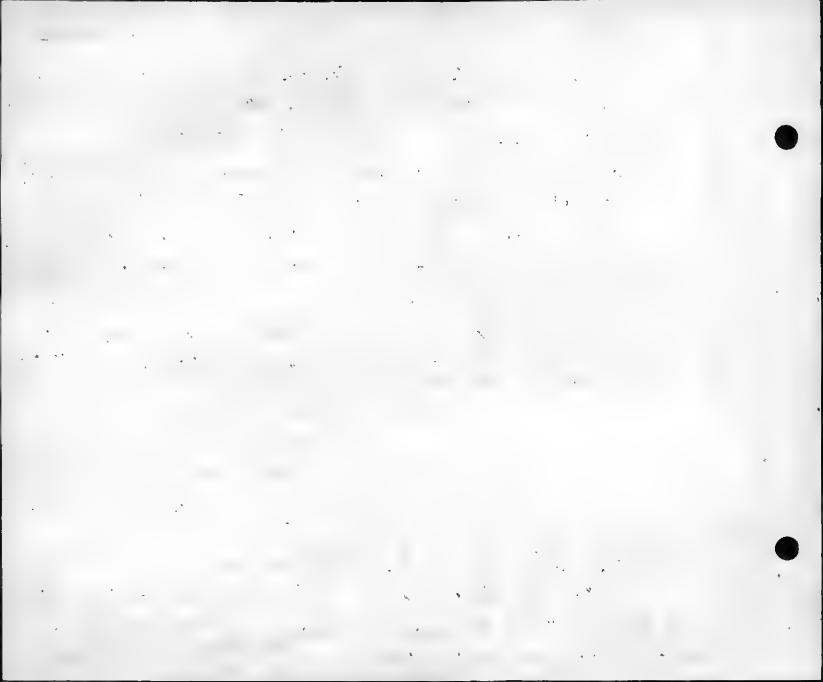
executed within 24 heers aft TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 here death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 20M 5-63







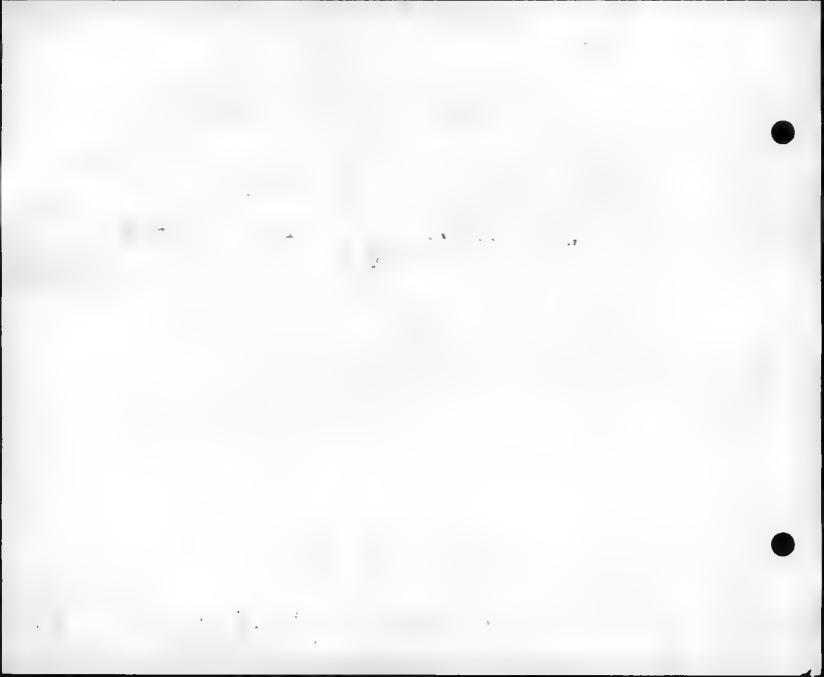
30M REV.

CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Month Martha 11:00 P.M Claubaugh 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdey) IF UNGER 1 YEAR IF UNDER 24 HRS. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after MONTHS HOTTES omoretely filled in by the Cau 2- 22-1893 Female 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Baltimore U.S.A. Harford WIDOWEDJET DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during mosticity working lite reven if retired) INDESCRISEWISE IN THE PROPERTY OF THE PROPERTY give street oddress) Bel Air Box 251A. 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. UNSIDE CITY LIMITS? 13e STREET AND NUMBER RU3 Box251A odmission) STATE 13b. COUNTY Bel Air Md. YES NO TO 2 Harford remove signed by the attending physician ond & burial-tronsit permit. Then please remoburial, cremation, or removal, and in ony IS MOTHER'S MAIDEN NAME First 14. FATHER S NAME Lost Middle Firs! Middle Schumann Krug Hattie Arthur 16b SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, not or unknown) (If yes give wor or dates of service) Margaret Dodge Rt3 Box 251A Bel Air Md. 219-30-11:00 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (r).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A GONSEQUENCE OF Conditions, if only, which gove) rise to immed ofe couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this cert ficate has been be detached for use os the State Dept of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🗀 NO F 21g ACCIDENT WAS JNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21b. TIME OF INJURY OR CONTRIBLTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STRET), FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I **certify** that (1) (this haspital) attended the deceased from 3-17-, 1968, to 2-24-, 1969, that (1) (we) last saw the deceased drive an 2-24- 1969, and that in (my) (aur) aprilian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22b, SIGNATURE 22c. DATE SIGNED MED. DIRECTOR O HOSPITAL OR M DEGREE 22d. PHYSICIAN'S 22e. ADDRESS Kela. 2104 23d LOCAT ON (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) (Stote) REMOVARIS PROPRIET 2-28-1969 Baltimore Nat'l Cemetery Baltimore Md. ADDRESS 2So REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR AIS 4 Lassahn Funeral Home 7401 Bellir Road 21236 DATE WILL





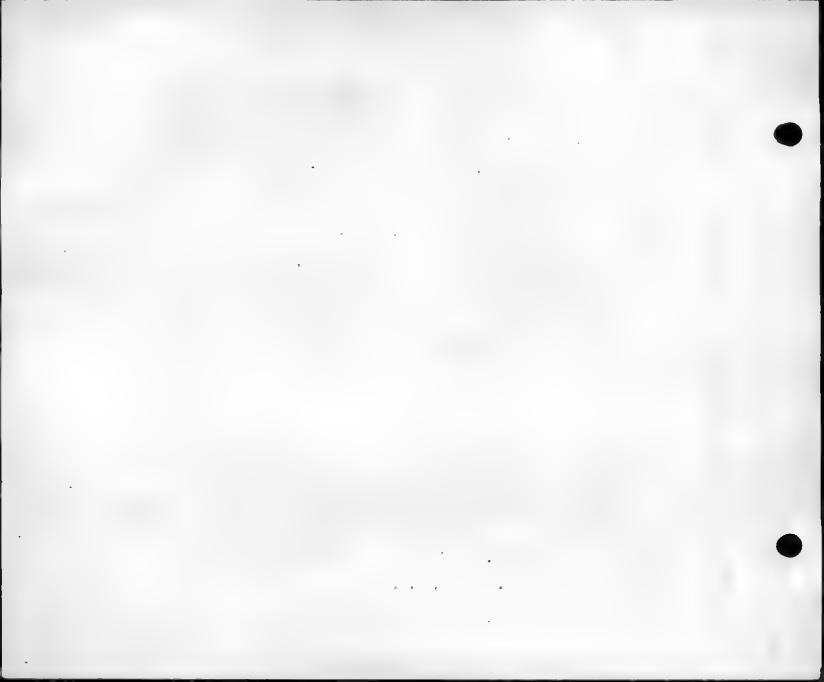
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02447 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b. HOUR DECEASED NAME 69 Year death. Day (Type or print) 1825 M IF UNDER 24 HRS 4. RACE 6. AGF (In years RE JINDER I YEAR 3. SEX DATE OF BIRTH lost birthdoy) ZHTHOM event, within 72 hours at 9. COUNTY OF DEATH requires that the death certificate be executed within 24 haurs 7c. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED completely filled in by papers. (quntry) DIVORCED [77] WIDOWED 12g USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital INDUSTRY during most of working life, even if refired.) remove corbon 11.5.1/82 trillan 13e STREET AND NUMBER 30, USUAL RESIDENCE (Where deceased aved, if institution: Residence before D#2 ond in ony 14. FATHER'S NAME IN MOTHER'S MAIDEN NAME First Middle Last Lost physicion and please 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no or unknown) 1 (If yes give war or dates at service) 17 INFORMANT Yes no or unknown) 168-26-2192 cremation, or removol, Kolennhan hen CAUSE OF DEATH (Enter only one coese per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF the Canditians, if any, which gave) signed by the burial-tronsit p rise ta immediate cause (a), ò DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause attending physician. bursal, a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) NONE O ECNERAL DIRECTOR: After this certificate has been the Heoith prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NONE YES X NO | USe the hospital or 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 215 TiME OF INJURY ٥ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, natify medical examiner) 216. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No County State 2 d. INJURY OCCURRED City or Town While Nat while at wark at work 22a. I certify that (+) (this haspital) attended the deceased from 3 - 5 , 19 69 , ta 6 - 5 , 19 69 , that (+) (we) last saw the deceased alive an 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the be retained by director, page 3 shauld shauld be filed with the causes stated abave, (+) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING MED DIRECTOR DEGREE 22d. PHYSICIAN'S 22e, ADDRESS O HOSPITAL Poge 4 moy NAME (Type) (State) BURIAL CREMATION (Caunty) REMOVAL (Specify) TRAPS SIGNATURE VR A15 (4) 30M REV 1/68

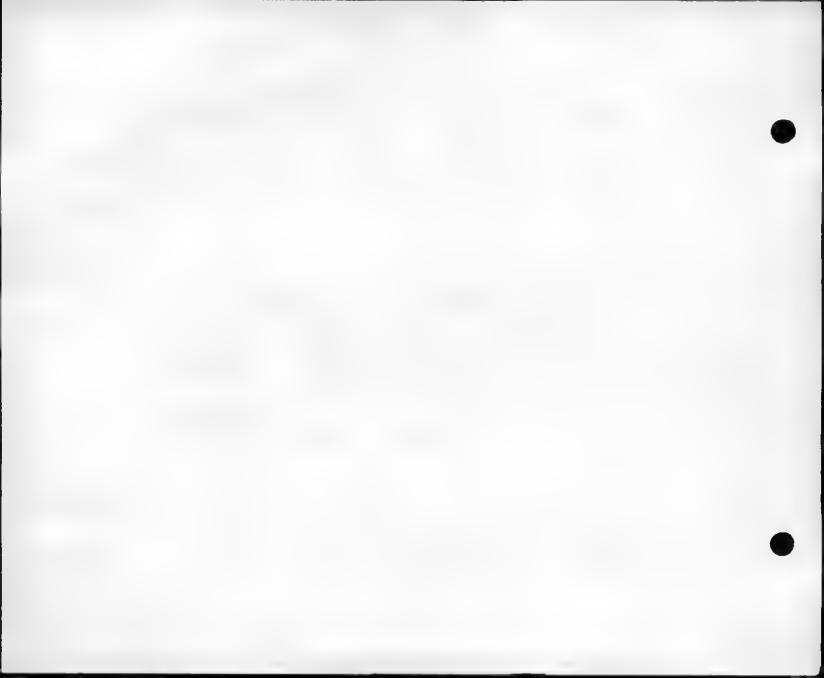


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02448 32453 CERTIFICATE OF DEATH DECEASED-NAME First Last 2g. DATE OF DEATH 2b HOUR be executed within 24 hours after death (Type or print) Feb. Paul William Gambill 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER I YEAR lost birthdoy) HORIES riale White Sept. 20,1908 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED sompletely filled in Sparta, N.C. Harford County within 72 l WIDOWED | DIVORCED [U.S.A IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BLISINESS OR give street address) House Road Agriculture during most of work no life, even if retired.) Bel Air (Rural) 130 JSUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) SIATE vland 13b. COUNTY arford NO DO Bel Air YES [ond in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First and Lonnie Lee Gambill (deceased) Cedella Taylor (deceased) 17 INFORMANT (wife) 838-5869 requires that the death certificoter Addres RD #1 Box 127 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Yes, no, or unknown) Bel Air, Md. 21014 cremation, or removol, 215-05-3897 Ruth A. Gambill 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH burial-transit permit. CARDIO-RESP. FAILURE HOUR IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MEMPSTATIC CAREWOM A Conditions, if ony, which gave) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Heolth prior to burial, crea stating the underlying cause CARCINOMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10) 19o. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO DO 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City of Town County State While Mat while at work causes stated abave ((we) (d) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR 22d PHYS CIAN S 22e ADDRESS H. Proctor Sidwell.M.D. Franklin St., Bel Air, Md. 21014 NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23a BURIAL, CREMATION, (County) W. Broadway & Williams Strate By 6 Strate 250 Rebstrate South Research Co. Maryland Burial Specify) FEb. 7.1969 24. FUNERAL DIRECTOR VR A15 (4) Bel Air, Maryland Joseph W. Foster 30M REV. 1/68

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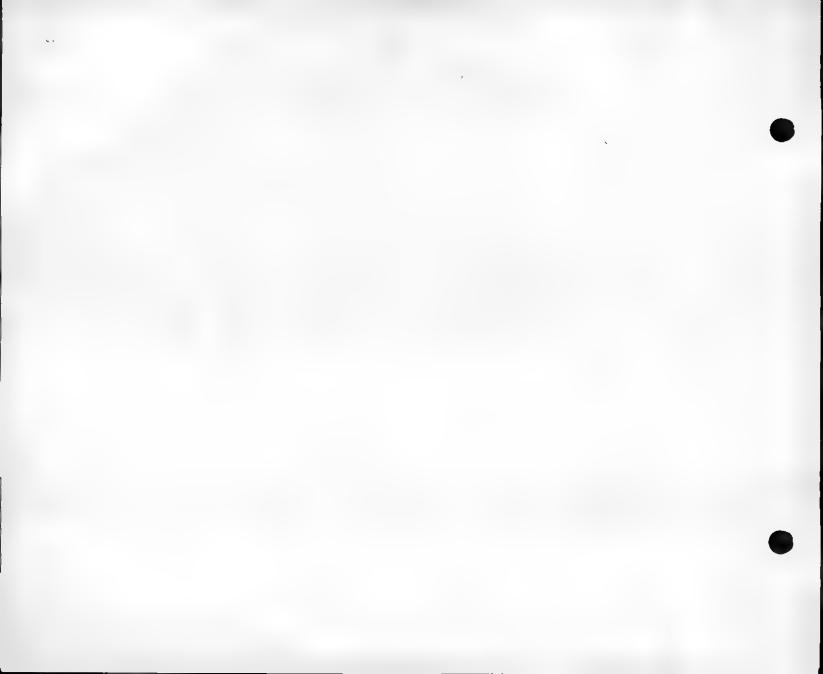




	1	MARYLAND STATE DEPARTMENT OF H	EALTH
	82456 DIVISION OF VITAL	RECORDS, 301 W. PRESTON STREET, BALTII	MORE, MARYLAND 21201 02451
+	112200	CERTIFICATE OF DEATH	- 14 J. G. al.,
c +	ASED-NAME First	Middle Last	2a. DATE OF DEATH 2b. HOUR
e de la constant de l	e ar print)	E Gross	February 297 1969 64 M
a (21/2)	4 RACE	5 DATE OF BIRTH	6 AGE (In spears F UNDER 1 YEAR IF UNDER 24 HRS.
# # # # # # # # # # # # # # # # # # #	Female White	March 23.1	889 (1931 birthday) AMNTHS CLAYS HOURS MIN
by by	THPLACE (State ar fareign 7b. CITIZEN OF WHAT COU	NTRY? 8. MARRIED NEVER MARRIED 9	. COUNTY, OF DEATH
24 h ad in pers	ING MOH	WIDOWED OIVORCED	HArtord Md.
the state of	give street by	OSPITAL OR INSTITUTION (If not in hospital during max	OCCUPATION (Kind of work done it of working life, even if retired) OUSEWITE INDUSTRY Home
l wil	WAL RESIDENCE (Where deceased ved, finstitution, Res		OUSEWITE HOME
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral director, page 3 should be detached for use as the bur al-transit permit. Then please remove carbon papers. Pages and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	UAL RESIDENCE (Where deceased ved, finstitution, Resion) STATE 13b FOUNTY 1.9	MONKTON YES NO	The product three continuents
and on your	HERS NAME First Middle	Last IS MOTHERS MAIDEN NAME Fir	
de de la	Oliver S. Foard		Harkins
a Significant	AS DECEASED EVER IN US ARMED FORCES? 16b. SO Qu'un unknown) (if yes give wor or dotes of service)	CIAL SECURITY NO. NEL WORMANT	RD #1 Address Box 101
shys val	no, ar unknawn) (4 yes give wor or dates of service)	18-3071B Ruth G. Ward	White Hall, Md. 21161
ng Ce	. CAUSE OF DEATH (Enter any ane cause per finé far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eoff andi	PART 1. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	ve Cardioe Cocin	psintalion'
office of permison,		ISEQUENCE OF,	151111
the the noti	inditions, if any, which gave)	parded tempolar	deal sufarction
requires that the death certifice g physician. signed by the ottending physis bur al-tronsit permit. Then plot o burial, cremotion, or removal,	ating the underlying cause DUE 10, OR AS A CON	ISEQUENCE OF	eiriselnosis
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has has		YES ☐ NO ☒	CAUSES OF DEATH?
or or us	a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY	21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Item 18.)
Se signation de la company de	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Mantleither, natify medical examiner)	n Day Year	
hosp cer the pt.	Id INJURY OCCURRED 21e, PLACE OF INJURY / AT HOME	FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No.	City or Town County State
the this deta	wark at wark		
by by Stot	2a. I certify that (I) (this hospital) attended	the deceased from	1, to 2 - 21, 19 64, that (I) (we) lost
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospitol or attending physician. DIRECTOR: After this certificote has been signed by a 3 should be detached for use as the bur al-troped with the State Dept. of Health prior to burial, and	sow the deceased alive on cguses stated above, (1) (we) (did) (did no	t) view the bady ofter death.	fan death occurred on the dote and hour and fram the
# # 6 # #	SIGNATURE /	0 _	22c DATE SIGNED
be r be r ded v	fan (a. Monaful 1		D STAFF 2-27-69
Man y Bar y Be fi	NAME (Type) DANTE UI MON	AKIL, M.D. 220. ADDRESS, 211 N. Un.	Con Aug Hand Course And
TO HOSPITAL OR Page 4 moy be r TO FUNERAL DIRE director, page 3 should be filed w		A NAME OF CEMEYERY OR CREMATORY	
Page Short	MOVAL Spec.fy) 3/2/1969		23d. LDCATIDN (City or Town) (County) (State) Madonna, Harford, Md.
100	NERAL DIRECTOR	ADDRESS 21084 25g. REC'D BY	
30M REV 1348		ettsville. Md. DMAR	3 1000 Milan de 1)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 112457 02452 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a DATE OF DEATH Last 2b. HOUR First eath. (Type or print) 10 5 rnes 100 4 RACE DATE OF BIRTH 6. AGE (In years IF UNDER ILYEAR IF UNDER 24 HRS. 3. SEX PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after last birthday) DAYS HOURS MONTHS YRS ond in any event, within 72 hours and completely filled in by 7a BIRTHPLACE (State, ar fareign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAY COUNTRY? MARRIED [(country) WIDOWED IX DIVORCED 120 LSUAL OCCUPATION 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126, KIND OF BUSINESS OR durage most of working life, even if retired) TONE 13a JSUAL RESIDENCE (Where deceased levels, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY JAMITS? 13e STREET AND NUMBER Nab. COUNTY admission) STATE Middle 14. FATHER'S NAME Middl First Last the attending physicida sit permit. Then please 16a, WAS DECEASED EVER IN U.S. AKMED FORCES? Yes no or unknown) (11 yes give war or dates of service) or removal, CAUSE OF DEATH (Enter only one couse per-line for (a), (b) and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 12000 cremation, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) buriol-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF the haspital or ottending physician. stating the underlying cause burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been as the NONE 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X use of Heolth 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year P.M (If either, natify medical examiner) detached 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street at R.F.D No. County 21d INJURY OCCURRED City or Town State OFFICE BUILDING FTC. While Not while at wark 220. I certify that (1) (this hospital) attended the deceased from 2-18 saw the deceased olive an 2-2-1969, and that in (1) 1969 - 22- , 19 69, that (1) 1969, and that in (my) (our) apinian death occurred on the date and have and from the be retoined directar, page 3 should should be filed with the causes stated obave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR 22d. PHYSICIAN. 22e. ADDRESS NAME (Type) 23b. DATE OGATION (City or Town) (County) 23a BURIAL, CREMATION (State) REGISTRAR'S VR A15 30M REV. 1969





1 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	02459 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02454
HEAITH DEPT.	1 DECEASED NAME First Middle Last 2a DATE KNOWN Manth Day Year Q 2b HOJR
HERWITT BEI II	(Type or Print) 1-0y 4 Johnson DEATH MATED 2-6 19 4PM
y detay is 2, and 3 to PM3 Page artment af	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (in years of birthday) Months DAYS HOURS Min Morth 22 DATE PRONOUNCED DEAD YEAR FUNDER 24 HRS OF DAY 6 Year 69 2d HOUR
- F 8	7a. BIRTHPLACE (State or foreign 47b. CIT.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY) 12-15-67 71. S. A WIDOWED DIVORCED Harford M.
The ges to	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hasp tol 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
after death 8 Give Pages along with for with the State eath.	Havie de Gracogive straet address) Memoria (Hospital Memoria) INDUSTRY none
hours after death Item 18 Give Pages Office along with for 1 and 2 with the State I after death.	13a USUA. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. 1850E CITY CHITS?) 13e STREET AND NUMBER admission) STATE MC. 13b COUNTY H 1 T to - UAD T - U
	14 FATHERS NAME FIRST MIDDLE LOST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LOST
perkil in 24 aminers ile pages 72 haurs	16a. WAS DECEASED EVER IN U. S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Develope Copelar Oberden Md.
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) A Sphixi3 Mare 10 CO CI DET BETWEEN ONSE AND DEATH
xecuteinding" in Medical permit	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 2 xd. Dry-e & Bu rws & Cody
This certificate should be executed wit cate, writing the ward "pending" in pe be farwarded to the Chief Medical Franche be used as a burial-transit permit File in remayal, and in any event within 72	Due To, OR AS A CONSEQUENCÉ OF Canditions, if any, which gave
shauld be e ne ward "per to the Chief I burial-transit	rise to immediate couse (a), (b) stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
shau e wa i the urral	lost.
a b a b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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his certificate are, writing the farwarded to be used as a broad and	190 DATE OF OPERATION 190 COND TION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of Injury in Part Lar Part 2, item 18.)
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IMER: Te certifice should be files. 3 should a should be files.	PRIMARY OR CONTRIBUTING HOUR A.M. 2-4 1969 By - w = d w h o 4 5 6 7 1 7 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ICAL ETAMINER: execute the certifor. Page 4 should ad for your files. CTOR: Page 3 should burial, cremation,	
LEEN Pege for you NR: Pag ial, cre	AT WORK AT WORK AT WORK AT A De) - 67 e
CAL Gr. P Surrior	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
please director retainer to brace or to b	CHIEF MEDICAL EXAMINER
y, please retain (AL DIRE)	SIGNATURE LOCAL & Salme M.D. ASSISTANT MEDICAL EXAMINER (22d. DATE SIGNED C.C.C.
	EXAMINER'S NAME (Type) Gerald C. Palmer, M.D. ADDRESS(Street, city, town, or county)
necessal the function of the f	NAME (Type) Gerald C. Palmer, M.D. ADDRESS(Street, city, town, or county) 230 BUR AL (REMATION, 23b DATE , 23c NAME OF CEMETERY OR (REMATORY , 23d LOCATION (Gity or Town) (County) (Store),
	Burely 2/8/69 Berkley Cornetery Darlington mix
VR A15ME (5) 10M REV 1268	Elman EBullock Havre delhace her dat EE 1 1 1969
10W KEA 1109 // 1	





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02456 02461 CERTIFICATE OF DEATH 26 HOUR I. DECEASED NAME First 2a DATE OF DEATH executed within 24 hours ofter death (Type or point) RANGIS 3. SEX AGE (n years) F JNDER 1 YEAR 70 BIRTHPLACE (State or fore.an 7b CSAZEM 9. COUNTY OF DEATH NEVER MARRIED (guntry) WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION event with during most of working life, even it retired) 3a 15 At RESIDENCE (Where deceased lived, if institution, Residence before 38 INS DE CITY JIMITS? 13R COUNTY remeve signed by the ottending physician and controlled burial-transit permit. Then please remaindured, cremation, or remavol, ond in ony 4 FATHER'S NAME. Middle TER'S MA DEN NAME First Middle Last Last PAG requires that the death certificate be 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ((yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY Cardine IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only which gave) rise to immediate couse (a), stoting the underlying couse(DUE TO, OR AS A CONSEQUENCE OF the hospital or attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDIT ON GIVEN IN PART 1(0) be detoched for use os the Stote Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO -21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2 Item 1B.) TOR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark ot wark 220. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3-6 19 & Yand that in (my) (aur) opinian death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED DEGREE director, poge should be filed PHYS 22d. PHYSIC ANS 22e. ADDRESS-NAME (Type) 23a BURIAL, CREMATION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02462 02457 CERTIFICATE OF DEATH the funeral ages 1 and 2 its after death. 1. DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death Feb. Month (Type or print) Elizabeth Krouse Young and completely filled in by the tun remaye carban papers. Pages 1 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS last birthday) Female White 9. COUNTY OF CEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED FT DIVORCED [U.S.A. Md. Harford Md. IQ CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)

Citizens Nursing Home during most of working life, even if retired.)

Housewife INDUSTRY Havre de Grace Home 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 34 INSIDE CITY EIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES 65 Mt.Royal Harford Aberdeen and in any 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Young D' Frank Chaney pledse Anna 16b SOCIAL SECURITY NO. 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) burial, crematian, or remaval, Helen K. Eustace, 65 Mt. Royal. 220-46-9822 Aberdeen the attending p 18 CAUSE OF DEATH (Enter only one cause per line for (a), (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO V 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21a, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) Stote 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at work ATTENDING the deceased/from 22a. I certify that (I) (this haspital) attended (did) (did nat) view the body efter death. , and that in (my) (aur) apinion death accurred on the date and hour and from the saw the diceased Nive an be retoined director, page 3 shauld shauld be filed with the causes tale obove (1) (we) 22b SIGNATUR 22c DATE SIGNED ATTENDING PHYS STAFF DEGREE DIRECTOR 22d. PHYSICIAN **ADDRESS** NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 230 BURIAL, CREMATION, (County)

Baker Cemeterv

ADDRESS

VR A15 30M REV

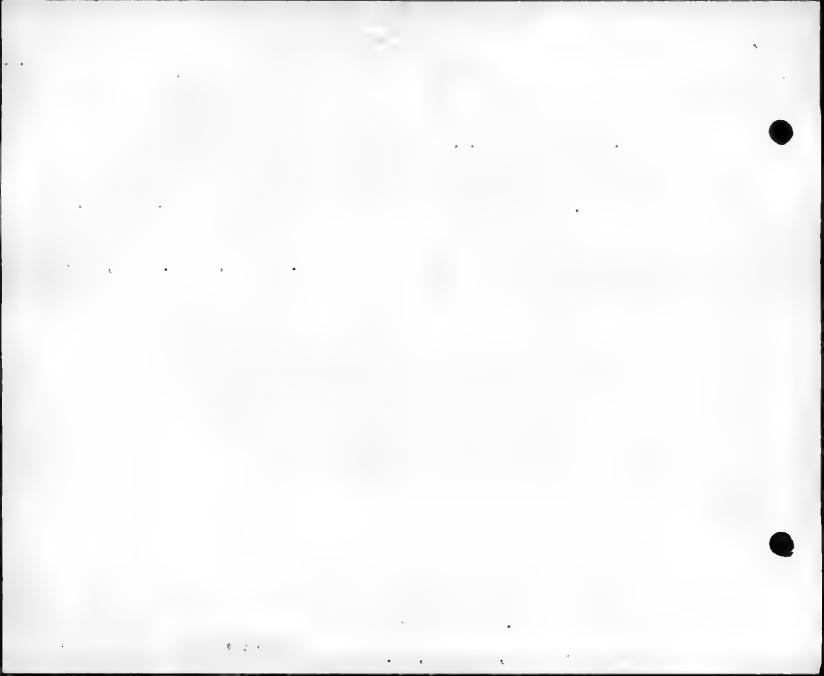
REMOVAL (Specify)

24. FUNERAL DIRECTOR

Tarring Funeral Home, Aberdeen, Md. 21001

22 Feb. 1969

Aberdeen (Harfordd Maryland REGISTRAR'S SIGNATURE



DEI Hir Maniland 21014

VR A15 (4) 45M 1/69



FOR STATE HEALTH DEPT. Deceased Name	2b HOUR 9 A
HEALTH DEPT. DECEASED NAME (Type or Print) DONALD BENSON KYLER Control of ESTI- DEATH MATED 2 12 180	9 A
(Type or Print) DONALD BENSON KYLER Compared to the print Compared to the	9 A
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Male Negro 764 75, 1733 35 yrs February 12, 196	9 10±0 M
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COUNTRY BOCK MILL A MILLIAND DIVERSION DIVERSI	M
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10. CITY OR TOWN OF DEATH 11 MAME OF HOSPITA. OR INSTITUTION (If not in hospito. 120 USUAL OCCUPATION (Kind of work done 12b Kind OF 12b	spital
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160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give were or doles of seponce) 218-28-5746 Mr. RalphR Kyler, Have de Gracy	Alreed
	UTE INTERVAL
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c)) PART I. DEATH WAS CAUSED 89. Focal myocarditis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove (b)	SET AND DEATH
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DUE TO, OR AS A CONSEQUENCE OF Conditions, If ony, which gove	
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196. CONDITION FOR WHICH OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTO YES 1 20. EXTERNAL CAUSE WAS 21b TIME OF NULLY Month, Dov. Year 12tc, HOW INJURY DCCURRED (Enter nature of in viry in Port 1 or Port 2 Item 18.1)	SY?
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2 o EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c, HOW INJURY OCCURRED (Enter noture of in any in Port 1 or Port 2, Item 18)	
2 o EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING DECONTRIBUTING DECONTRIBUTION DE CONTRIBUTION DE	
210 INJUKY OCCURRED 216, PLACE UP INJUKY (AT home, form, street, 21t, LOUALIUM Street or K.F.D. No. City or lown County	Stote
WHILE NOT WHILE I TOCTORY, OTHER Building, etc.)	
WHILE AT WORK NOT WHILE foctory, office building, etc) 220. Certify that I took charge of the remains described an Autopsy Inspection , Inquiry , and in death resulted from Natural eauses Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE SAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. ADDRESS(Street, city, lown, or county)	my opinior
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EXAMINER'S Charles S. Springate, M.D. ADDRESS(Street, city, lown, or county) February 13.	969
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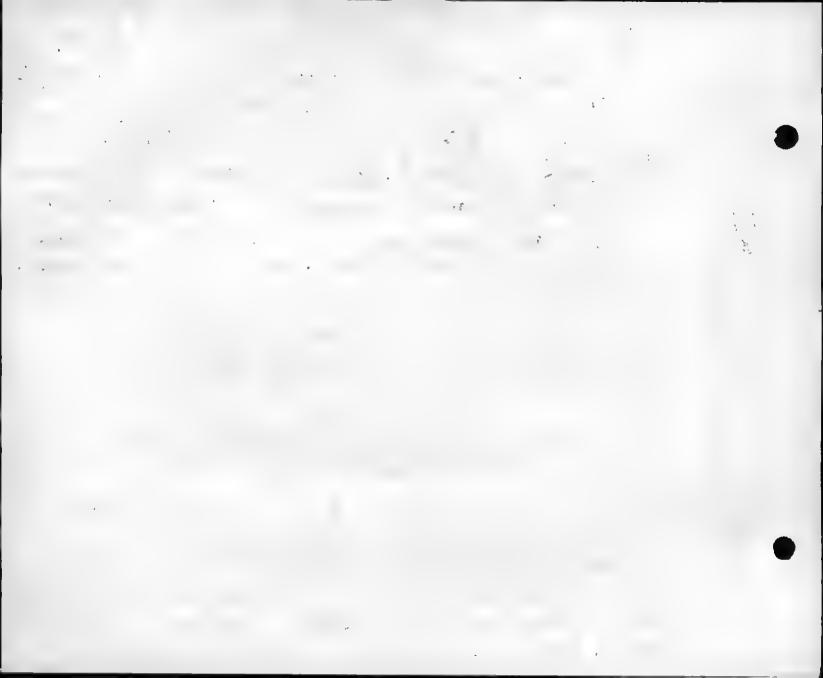
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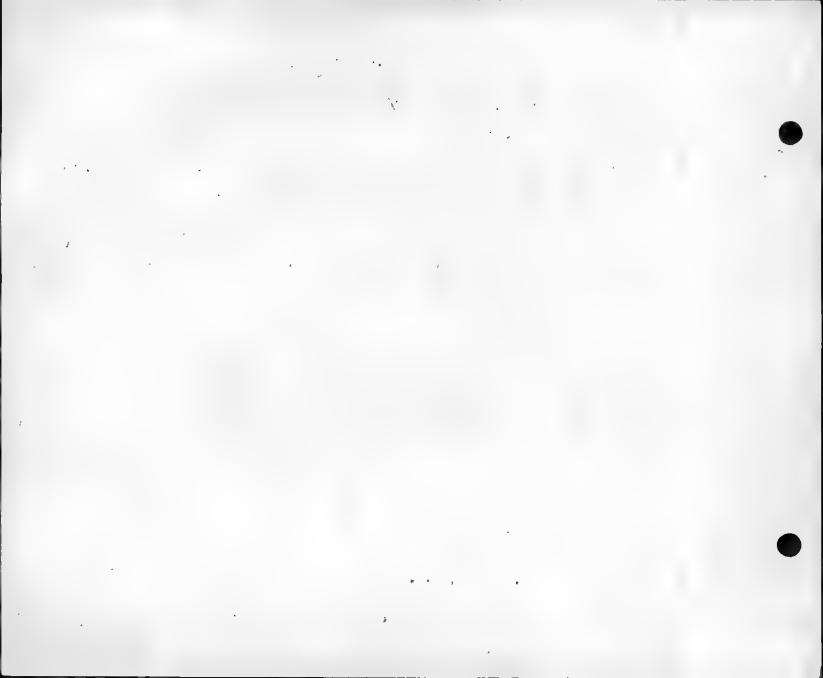
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02465 02460 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2g. DATE OF DEATH death. (Type or print) rederick om uec 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) MONTHS Dec. 23, 1887 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY'S 9. COUNTY OF DEATH executed within 24 hau 8. MARRIED 🗍 NEVER MARRIED 🛶 country) WIDOWED | DIVORCED [TAL OR INSTITUTION (If not in hosp tole 12g LSUAL OCCUPATION (Kind of work done KIND OF BUSINESS OR during most of working life, even if retired) Agriculture event, 130 USUAL RES DENCE (Where deceased lived if institution Residence before 13e STREET AND NUMBER odmission) STATE 13b COUNTY 14 FATHER S NAME MOMER'S MAIDEN NAME First Middle Middle 100 low requires that the death certificate be emyes arbara ed 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (f yes give wor or dates at service) _ David F. Marll, 1118 Clayton Road, Joppa, Md. none signed by the ottending phy burial-transit permit. Then burial, cremation, or remava yes 18. CAUSE OF DEATH (Enter on y one couse per ine for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony/which gove) nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF by the haspital or ottending physician stoling the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Heolth prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO ... 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d INJURY OCCURRED 21s PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work TENDING 22a. I certify that (I) (this haspital) attended the deceased from 3-5, 1969, ta 3-6, 1969, that (1) (we) last saw the deceased alive an 2-6-6, 1969, and that in (my) (aur) opinion death accurred an the date and haur and from the Page 4 may be retained causes stated above, (1) (we) (did) (did not) view the bady after death. 225 SIGNATURE 22c DATE SUBNED ATTENDING PHYS DIRECTOR 22d. PHISICIAN S 22e. ADDRESS NAME (Type) 230. BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BENOVAL (Specify) Feb.8.1969 Bradshaw Balto St. Stephens Cemetery Md 24 FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 25b REGISTRARS S GNATURE Howard K. McComas & Son, Abingdon, Md.



02466 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02463 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT 1. DECEASED-NAME 20 DATE KNOWN[] Month Doy Yeor 25 HOUR (Type or Print) OF ESTI-Poge ny defoy is DEATH MATED 19 S 69 AGE in years IF UNDER 24 HRS 3. SEX 2c DATE PRONOUNCED DEAD 2d HOUR and MONTHS HOURS MIN Yeor 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Item 18. Give Pages 1, Office olong with form U.S.A. ESVILLE, MO WIDOWED TO DIVORCED [Harford ond 2 with the Stote 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital hours after deoth 120 USJA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR PARBLE during most of working life, even if retired.) give street oddress) death. 13d INSIDE CITY DIMITS? 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN odmission) STATE 13b COUNTY YES 🔀 NO 14 FATHER'S NAME First M.ddte 15 MOTHER'S MAIDEN NAME MEC ALLISTER OSA 24 ARTON w 5 hours Sacroes Page 4 should be forworded to the Chief Medical Examiner W15 63 17 INFORMANI SIMMED ST. This certificate should be executed with n penci (Yes no, or unknown) (If yes give war or dates of service) 166-12-4699 JOHN E. MCCALLISTER, STEWARTSTOWN, PA ES 43 ⊆ within 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) permit. BETWEEN ONSET AND DEATH Ocal USION PART I DEATH WAS CAUSED BY pending COTONAT IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF **burial-tronsit** Conditions, if ony, which gove rise to immediate cause (a). necessory, please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Œ. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6/1 0 50 removoi, CERTIFICATION nsed 19b. CONDITION FOR WHICH OPERATION 190 DATE OF OPERATION 20 AUTOPSY? WAS PERFORMED? NO PI YES 🖂 pe 6 21o EXTERNAL CAUSE WAS 21b. TIME OF INJRY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) FUNERAL DIRECTOR: Poge 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M SICAL EXAMINER: cremotion, P.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE I burial, 22a. I certify that I tack charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry and in my apmian director. Natural causes 🔽 Suicide death resulted fram. Accident | . Hamicide Undetermined manner prior to CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth Gerald C. Palmer, M.D. NAME (Type) ADDRESS(Street city town, or county) 0 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BURIAL CREMATION (County) (Stote) THE MOYAL (Specify) , 1969 BROEUEVILL 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68





VR A15 [4] 30M REV 1/68

PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death

24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Jarrettsville. Md. Charles E. Kurtz DATE :

/1969

23b DATE

23o BURIAL CREMATION

Burial

REMOYAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

Fawn Grove Methodist

2Sb REGISTRAR'S SIGNATURE

23d LOCATION (City or Town)

Fawn Grove. Penna.

Marley Judge

(County)

County

22c. DATE SIGNED

26. HOUR

IF LINDER 1 YEAR

12b KIND OF BUSINESS OR

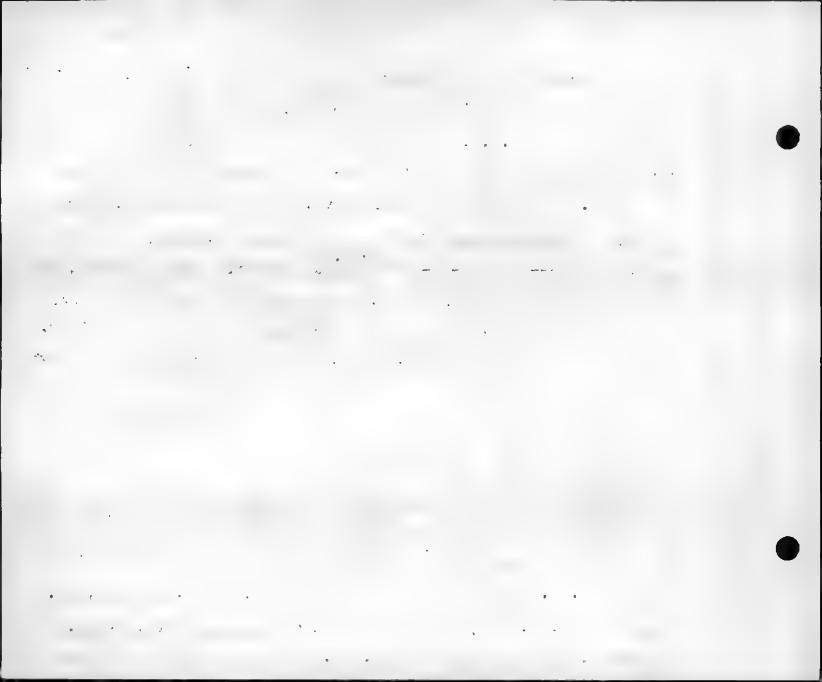
Last

BETWEEN CINSET AND DEATH

Stote

(State)

INDUSTRY Home



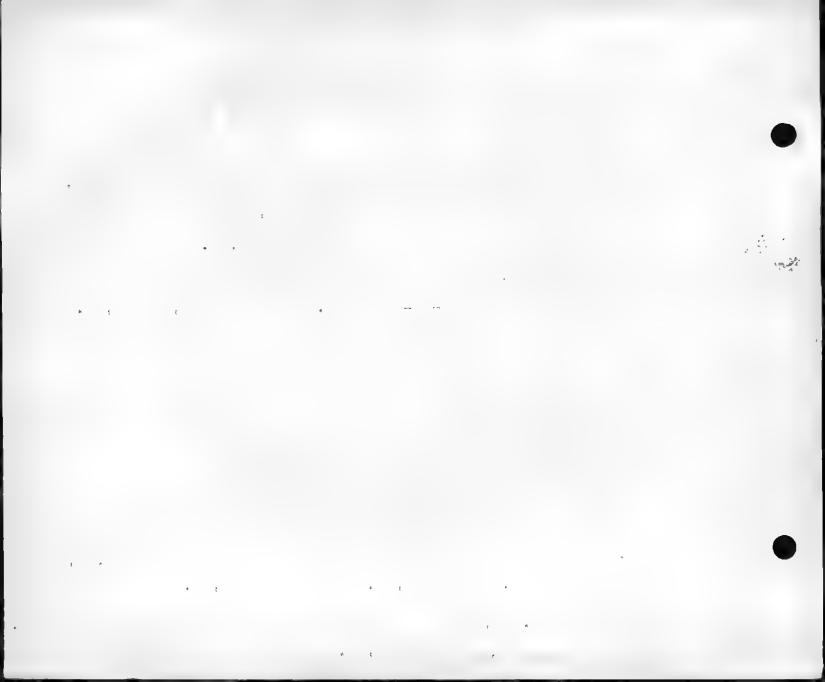


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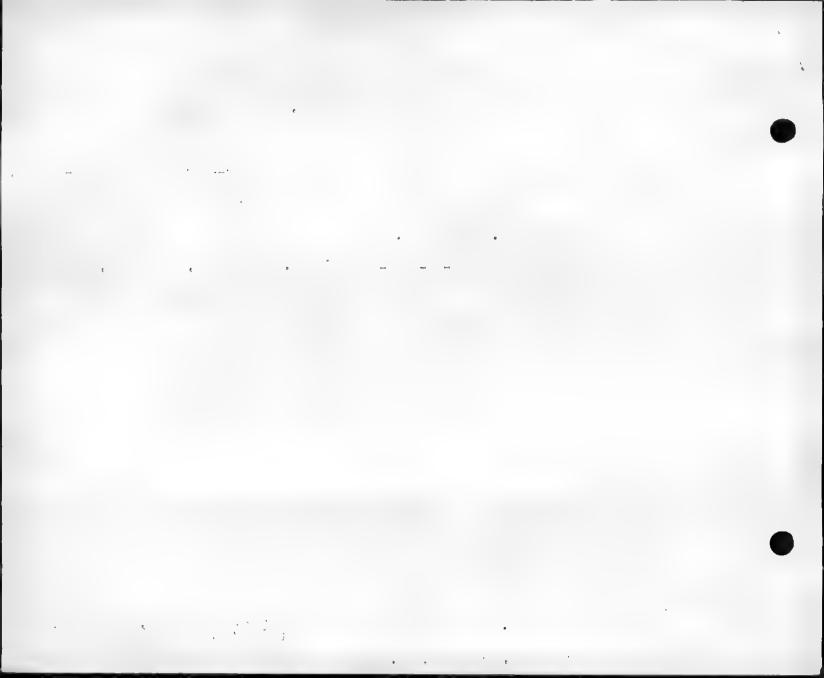
CERTIFICATE OF DEATH

02465

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after death. he funeral ges 1 and 2 after death.			LACE OF DEATH				USUAL RESIDENCE (V					,
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affe ges aff			CITY OR TOWN (If autside corporate limit	5,	c LENGTH OF STAY IN 16	€.	CITY OR TOWN (If ou	fside corporate	ımıts, write RU	RAL ond give	neorest to	wn)
within 24 hours after death tely filled in by the funeral rban papers. Pages 1 and 2 t, within 72 hours after death			write RURAL and give neorest town) Dublin		6 years		Dubl	.in				
ers) in			I. NAME OF HOSPITAL OR INSTITUTION (If n	ot in hospital, g	give street address)	d.	STREET ADDRESS	10/				RESIDENCE N A FARM?
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	10			rst	Middle		Lost	4 DATE OF	Mon		Doy	Year
completely ave carbar y event, win	2		Type or print)		ENRY MITC			DEATH	Febru	_	12,	19 69
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physician ten please aval, and i		_	FATHER'S NAME			14	MOTHER'S MAIDEN N				USA	
phy:		10.	Alexander Mi	tchell		14.	Mary M					
ing I The		15	WAS DECEASED EVER IN U.S. ARMED FORCES?			INFO	RMANT	CGULIT	Addr	229		
aw require that the death certificate be weauted within 24 hading physician. been signed by the attending physician and completely filled in the burial-transit permit. Then please remave carban papers arta burial, crematian, or remaval, and in any event, within 72 had burial, crematian, or remaval.		(Ye	(If yes give wor or dotes		14-60-5142 N			1tche]			vid.	
ha catt			18. CAUSE OF DEATH (Enter only one cou					 =				AL BETWEEN
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t ping the state of the state o			4 2 2 9 IMMEDIATE GOSE						0			-
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Of are	×	ī.		l annua							YES	MO 🔀
o ta ta para		CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DE	SCRIBE HOW INJURY OCCURRED). (Ente	r noture of injury in I	Port I or Port II	of item 18)			
NIC PHYS by the has frer this ce be detache State Dept.		MEDICAL	20c TIME OF INJURY Month, Doy, Year				INJURY (Home, form	, 20f (C	ety or town)	(Cou	inty)	(Stote)
te e		ME	Hour o.m. p.m. 19	While of worl		octory, s	treet, office bldg., etc.)					
			21. I certify that (1) (this has	pital) attend	ded the deceased fram_	ap	rel , 1	960 , ta_	12 Feb	, 19€	9, that	(I) (we) last
inec SK:			saw the deceased alive an 1	2 Feb	19 <u>69</u> , and th	at de	ath accurred at	10 am, f	ram causes			ated abave.
OR ATTENI be retained DIRECTOR: A le 3 should ed with the			220 EGNATURE 9 31 -	- W	760		ATTENDING	MED	STAFF PHYS	lend	TE SIGNED	0/0
OR A be rett DIRECT ge 3 sh led with			22c. PHYSICIAN'S	faring	(He)	A.D	PHYS XX. 22d ADDRESS	DIRECTOR _	PHYS L	il ep	13,1	.909
TO HOSPITAL OI Page 4 may be TO FUNERAL DIR directar, page 3 shauld be filed	1		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. Whit	eford, Jr.		Whitef	ord, Mc	l.			
HOS Je 4 JUNI Pecta auld	'	230	BURIAL, CREMATION, 23b DATE TH	EREOF	23c NAME OF CEMETERY O			23d LOCAT	ION (City or To	wn)	(County)	(Stote)
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VR A15 (4) 25M 1/67		-	FUNERAL DIRECTOR		ADDRESS		1	BY REGISTRAR		GISTRAR'S SI	GNATURE	7
25M 1/67		1	JOHN H. HARK	145	Delta, Pa	l e	PER	27 100	1			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82471 02466 CERTIFICATE OF DEATH I. DECEASED-NAME Middle Last 2a DATE OF DEATH 2b HOUR First and 2 death. The law requires that the death certificate be executed within 24 haurs after death (Type or print) io by the funeral Arles DOYN IF JINDER 1 YEAR IF UNDER 24 HRS. haurs after 3. SEX 4 RACE DATE OF BIRTH 6. AGE (fn years last birthday) HOURS Whi 78 May 20. 1890 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED (ountry) WIDOWED DIVORCED [Ar tor ican and campletely filled lease remave carban pape 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within ande street address during most of working ife, even if retired)
Canner -- Farmer INDUSTRY Grace rarm-Factory de event, 13c. CITY OR TOWN 13d INSIDE CITY DIMITS? 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e-STREET AND NUMBER admission) STATE 13b COUNTY OX MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Last Last First Middle Charles B. Osbern Sr. (D (छ) Gertrude Mitchel 16b. SOCIAL SECURITY NO. Address 160. WAS DECEASED EVER IN J.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) 218432-6894-A Charles B. Osborn III. Aberdeen. remaval attending phy permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (6)/(b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ₽ IMMEDIATE CAUSE (a) crematian, signed by the burial-transit p Conditions, if any, Which gove) rise to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) **DIRECTOR:** After this certificate has been of Health prior to as the 19a, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO X YES [] USe 216 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED by the haspital ar 215 TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) TENDING PHYSICIAN: ţ OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month-Day (If either, notify-medical examiner) detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Nat while at wark at work 22a. I certify that (I) (this hospital) ottended the deceased from 2-14, 1964, to 4, _____, 1969____, that (1) (we) last be retained with the causes stated above, (1) (we) (did) (did not) New the body after death. 22b SIGNATURE > 22c DATE SIGNED **ATTENDING** MED DIRECTOR DEGREE PHYS ed e TO HOSPITAL (Page 4 may b director, pare 22e ADDRESS 22d. PHYSICIAN'S O FUNERAL NAME (Type) 23d LOCATION (City or Town) (County) (Stote) 23a BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Burial Aberdeen. 26 Feb. 69 Grave Presbyterian Cemetery Maryland REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DATFEB 2 6 1969 Tarring Funeral Home, Aberdeen, Md. 21001



" PIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02467

1.			CERTIFICATE OF DEATH
~	- 1		CEASED NAME Perst Middle Past 20. DATE OF DEATH Agonth Day Year 26 Hour
	1	3 SE	last highbory) MONINS DAYS HOURS MIN
Paurs	1	7a B	BIRTHPLACE (State on foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
aper n 72		_	WIDOWED DIVORCED DIVORCED AND AND OF GRATH OR TOWN OF GRA
arban p	,	H	AVPE-DE- RACE SIVERITED RESIDENCE (Where degrased lived, it instituting). Residence before 13c, (ITY OR TOWN). 13d INSIDE (ITY JUN 15? 13e, STREET AND NUMBER.
y even		a dm:	SSSIGN) STATE - Md 13b. COUNTY HAR FOR A HORRE & BROKES NO 3305. Ilnion five
rem	1	14 F	ATHERS NAME First Middle Carlick. 15. MOTHERS MADEN NAME First Middle Last
o de			WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, ar unknown) (If yes give war or dates of service) 205-05-5326 HAZILM. PAULICK. HAVRE DEGRACE MA
Then Then emava			18. CAUSE OF DEATH (Enter only one cause per line, for {a), (p), and (c).) PART I DEATH WAS CAUSED BY.
e unemit. fian, ar I			DUE TO, OR AS A CONSEQUENCE OF 2
y me ansit p emati			Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO, OR AS ACCONSEQUENCE OF
urial-tri urial-tri urial, cr			lost (olyeralyed Wher is Schrosis
ق م ہ		N.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
use as the alth prior to		CERTIFICATION	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da AUTOPSY? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
를 한 분	Ì	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 19 19 19 19 19 19 1
etached Dept. a		MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na City or Town County State While Nat while
be de State			220. I certify that (I) (this hospital) attended the deceased from 2-27, 1969, to 2-2719, that (I) (we) last sow the deceased alive an 2-27, 1969, and that in (my) (aur) apinion death accurred an the date and hour and from the
shauld ith the			couses stated abave, (1) (we) (did) (did nat) view the body after death.
y co ≥			Danteh. Monafell, M.D DEGREE PHYS DIRECTOR D STAFF DIRECTOR D 2-27-09
1 - 0			22A. PHYSICIAN'S NAME (Type) ANTE U. MONAKIL, M.D. 211 N. Ulmon Auc, Harred Grace Nel
director, should b		23a	BURIA, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) MAR. 2, 1969 HART CHURCH EN. CECL CO
VR A15 (4) 30M REV, 1/68	8	24	FINERAL DIRECTOR Whitehelf Hairode Grace Wide- DATE 5 1969 Please Quelas.

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and campletely filled in by transference, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pageshould be filled with the State Dept. of Health prior to burial, crematian, ar remayal, and was yevent, within 72 haurs TO HOSPITAL OR ATTENDING PHYSICIAN: The for requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician.



MARYLAN	ID STATE	DEPART	MENT OF	HEALTH		-		
02473 DIVISION OF VITAL RECORDS,	, 301 W. P CERTIFIC			IMORE, MAI	RYLAND 21201	02	468	
DECEASED NAME (Type or print) CIATENCE MACK	Rich	lost	SON	20 DATE OF	DEATH Month Day	1 196	9 5	HOUR 19
MAle White		S. DATE OF I	17, 19	07	6. AGE (In years last birthday) 61. YRS.	HONTHS DAYS	1F UNDER HOURS	24 HRS MIN
BIRTHPLACE (Stote or foreign untry) 7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWED	turned of	RRIED 🔲	9. COUNTY OF	DEATH, Artord			N
CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR IN	ISTITUTION (If I	nat in haspital	12a USV during m	AL OCCUPATION ast of working	(Kind of work dane life, even if retired.)	125 KIND C	F BUSINESS	

I.		CIATENCE MACK RICHARDSON I	ebruary 24	1464 15 7A M
	3. SE	SEX 4 RACE S. DATE OF BIRTH		FUNDER 1 YEAR OF UNDER 24 HRS.
1		MAle White July 17, 1907	last birthday) AC	DAYS HOURS MIN
			UNTY OF DEATH	
1	COUR	JUNET OF DIVORCED	HArtord	Md.
	10 C			125 KIND OF BUSINESS OR
3	H		working life, even if retired.)	INDUSTRY contractor
	130	O USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS?	13e STREET AND NUMBER	, ()
1	admi	mission) STATE Nd 136 COUNTArtord JODA YES NO	1517 TriM	ole Kd
	14. F	I. FATHER'S NAME First Middle Lost IS." MOTHER'S MAIDEN NAME First	Middle	lost
		James Richardson Dora	·	Farmer
		60 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) [If yes give war or dates of service] 16b. SOCIAL SECURITY NO 17 INFORMANT	Address Rd	, Joppa, Md.
		no 213-20-2465 Clarence Mack R	ichardson, Jr.,	1004 Trimble
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) IL CUVULTURAL MERCENIA		
-			4	
		Conditions, if any, which gove (b) The manual supplies class to Immediate cause (a).	20515	
		DUE TO OD AC A CONFEDERACE OF		
		lost.		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT	TION CIVEN IN DADT 1/-1	}
	NO	Cinema & Elia polite dumalar		
	SATI	19d DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?	20b IF YES, WERE FINDINGS CON: CAUSES OF DEATH?	SIDERED IN CERTIFYING
	CERTIFICATION	YES NO	Chasts of Builti	
			re of injury in Port 1 or Port 2, Iter	m 18.)
	MEDICAL	Tor Contributing CAUSE OF DEATH HOUR A.M. Manth Day Year		
	M		City or Town	County State
		at waste as well as		
		220. I certify that (I) (this hospital) attended the deceased from	, to 2 - 24 , 196	Q_, that (I) (we) lost
		saw the deceased alive on 2 - 24 19 of, and that in (my) (our) opinion	aeoth occurred on the date	and haur and fram the
		tagges stored obove, (i) (we) (and fail fail file) view into body one; doorn.		
		22b SIGNATURE	22c. DA	TE SIGNED /

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the langual director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 end 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death 225. Signaturi ATTENDING PHYS MED. DIRECTOR PHYSICIAN'S NAME (Type) 22e. ADDRESS 23a. BUR AL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Mt.Zion Cometery
ADDRESS Feb.26

Tage 4 may be retained by the hospital ar attending physician. 30M REV 1.48

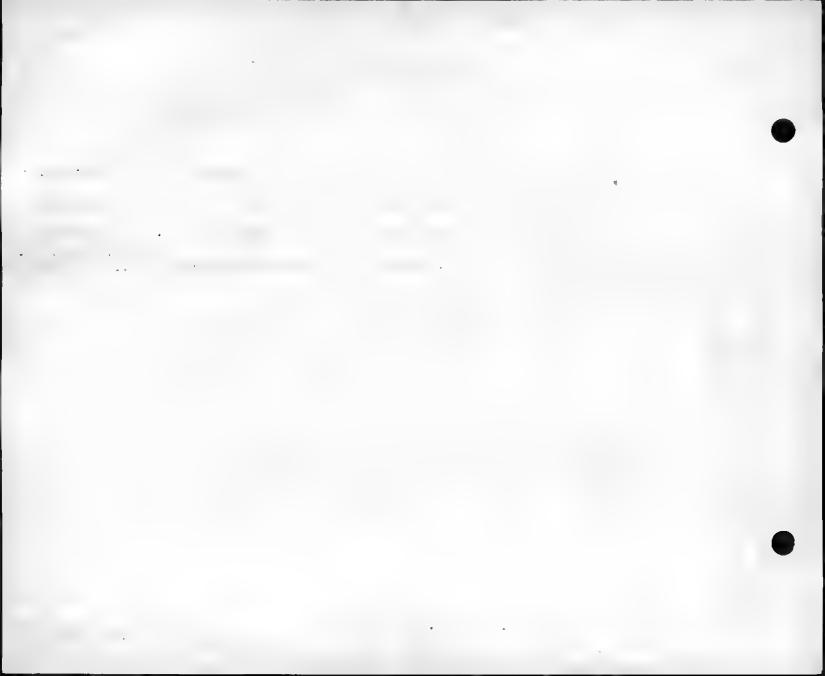
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

24 FUNERAL DIRECTOR Howard K. Mc Comas & Son, Abingdon, Md. 21009

WEXION STANDA 250. PEC D BY 2 FGETRAR 969 25b

(State)

(County)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02463 20. DATE OF DEATH First Middle Last 2b. HOUR JOSEPH RUOTOLO **NMN** February 6. AGE (In years IF LINDER I YEAR IF LINGER 24 HRS. 4. RACE S. DATE OF BIRTH MONTHS HOURS White March 4. 1902 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 8. MARRIED TO NEVER MARRIED X country Connecticut Harford USA WIDOWED (DIVORCED 126 KIND OF BUSINESS OR INDUSTRY CITY Employee 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done during mast of working life, even if refired) give street oddress) 2102 Bayberry Road Edgewood 13e, STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d. INSIDE CITY LAN TS? 13b. COUNTY Harford Edgewood 2102 Barberry Road Last 15. MOTHER'S MAIDEN NAME First Middle Last First Middle Ruotolo Anna Lanzieri 16b. SOCIAL SECURITY NO. Address 17. INFORMANT 042-22-2102 Eleanor Stolba Edgewood. Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO -YES 🖂 21b TIME OF INJURY 21c, HOW INJURY OFCURRED? (Enter nature of injury) Part 1 for Part 2, Item 18) HOUR A.M. Month 17.30 P.M. AT HOME, FARM, STREET, FACTORY 1 21f. LOCATION Street or R.F.D. No. State 21e. PLACE OF INJURY City or Town OFFICE BUILDING ETC and that in (my) (aur) apinion death accurred on the date and haur and from the

d sempletely filled in by the fillmave caliban papers. Pages iny event, within 72 haurs after requires that the death certificate be executed within 24 haurs af odmission) STATEMarvland remave 14. FATHER'S NAME Pasqual physician (eose and 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY Б signed by the burial-transit p Conditions, if ony, which gave ! rise to immediate cause (o), by the haspital ar attending physician stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior ta 196. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING GR CONTRIBUTING CAUSE OF GEATH (If either notify medical exommer) 21d. INJURY OCCURRED White Nat while at work of wark at work 22a. I certify that (i) (this haspital) attended the deceased fram_ saw the deceased alive on Page 4 may be retained director; page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED SIGNATURE ATTENDING STAFE DIRECTOR DEGREE PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) Louis E. Kahan Edgewood, Maryland M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ((ounty) (Stote) 23b. DATE 230. BURIAL, CREMATION, REMOVAL (Specify) Md. Bel Air Memorial Gardens Feb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Howard K. ADDRESS 2So REC'D BY REGISTRAR 2Sb. VR A15 Abingdon, Maryland McComas & Son DATE FFB

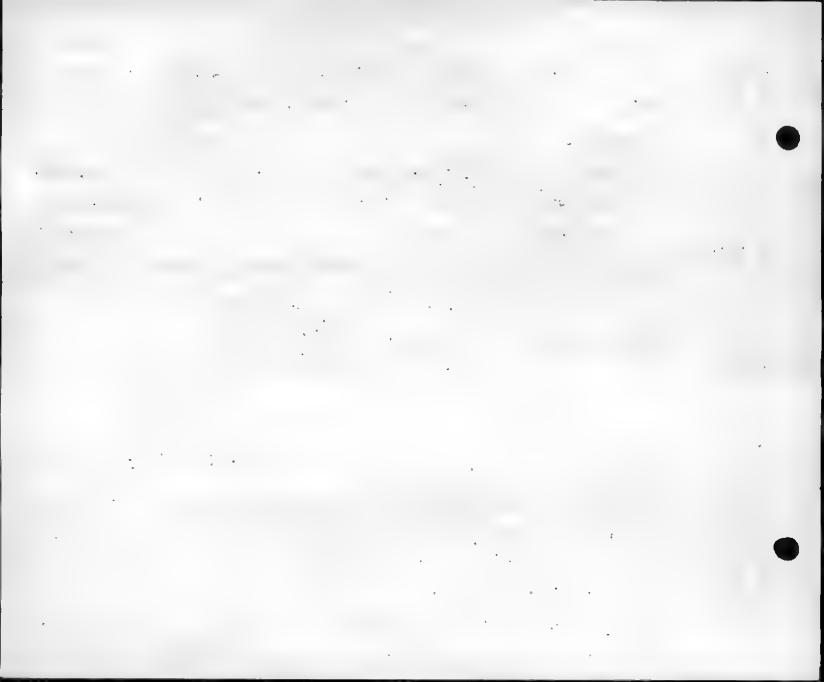
30M REV. TV

DECEASED-NAME

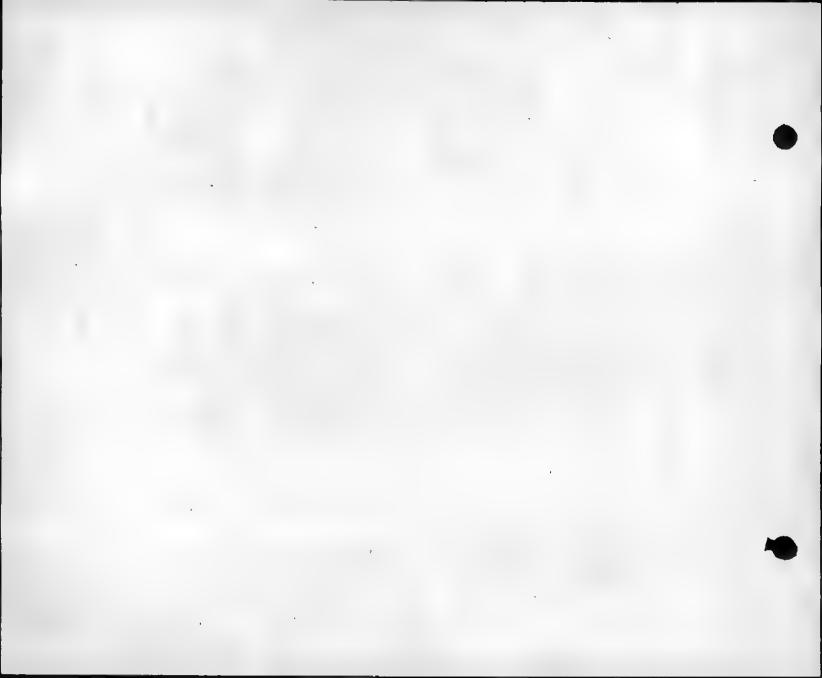
(Type or print)

Male

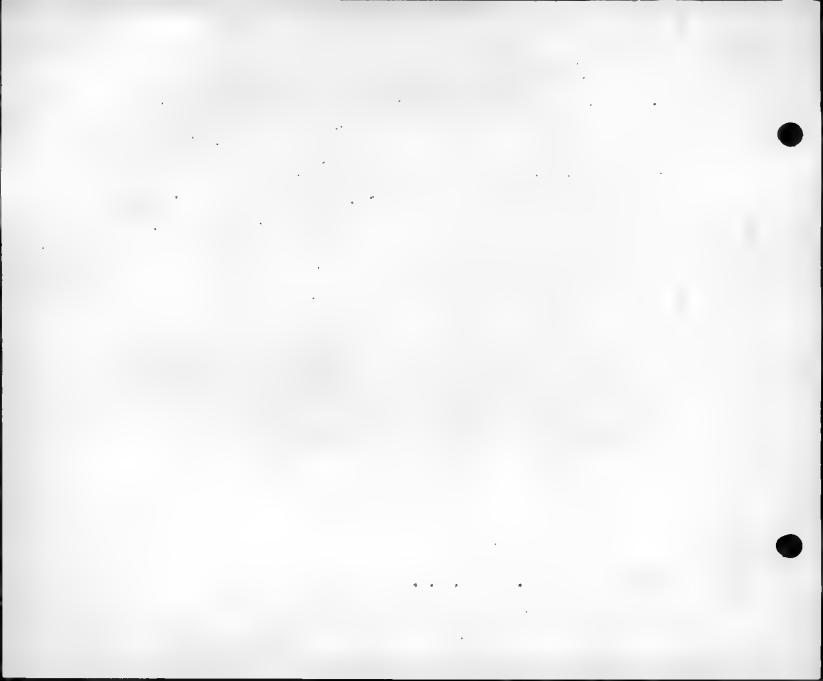
3. SEX



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02470 CERTIFICATE OF DEATH I DECEASED-NAME Middle First 2a DATE OF DEATH 2b. HOUR within 24 hours after deoth (Type or print) 3 SEX DATE OF BIRTH 6 AGE (In years IE UNDER YEAR IF UNDER 24 HRS iast buthday) MONTHS HOURS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED (ountry) WIDOWED DIVORCED [CITY OR TOWN OF DEATH HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR Ide, even if retired.) completery event, 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before requires that the death certificate be exercited NSIDE CTY JIMITS? odmission) STATE 136. COUNTY remove signed by the attending physicion and co burial-transit permit. Then please remov burial, tremotion, or removal, and in any i 14. FATHER'S NAME Middle lost IS MOTHERS MA DEN NAME First Middle Schumm hne Ider e RINE 160. WAS DECEASED EVER IN & S ARMED FORCES? INFORMAN' Address Yes, na aoraunknawn) (If yes give wer or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) r'se ta immediate cause (o), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been the prior to 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO detached far use te Dept. of Health O FUNERAL DIRECTOR: After this certificate 2 g ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY OR CONTR BUTING CAJSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 3 - 20, 19,69, ta saw the deceased alive an 3 - 25 - 19,69, and that in (my) (our) opinion dea 01-015-19 be retained director, page 3 should should be filed with the 22b SIGNATURE ATTENDING DIRECTOR 22d. PHYSICIAN'S 22e ADDR NAME (Type 23a. BURIAY CREMATION 236 DATE OF CEMETERY OR CREMATORY



1	Ιt	ems 21e, f Film 410 MARYLAND STATE DEPARTMENT OF HEALTH	
EOD STATE	3-	10-69 AND DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	02471
HEALTH DEPT.	1. D	TALL DATE OF THE PROPERTY OF T	Day Year 2b HOUR
af ge to	(Type or Print) Claude G. Saith DEATH MATER 2-1	19 169 123
ty delay is and 3 to PM3. Page of pm3. Page	3 \$	A RACE S. DATE OF BIRTH 6 AGE (In years 15 UNDER 17 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 19 MONTHS DAYS HOURS MAIN. Month Day 19	7 Year 19 69 337 M
2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	70.	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED DINEVER MARRIED 9 COUNTY OF DEATH	A
Te ge and	COU	ave de Diea, M. U. S. A. WIDOWED DIVORCED Harford	Mc
ofter death alang with far with the State.	H :		26. KIND OF BUSINESS OR BOLSTRY Topital
s after 18. Giv alang with death.		SCAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CTY OR TOWN And INSIDE CITY LIMITS? 3e STREET AND NUMBER dmission) STATE Ma 13b COUNTY Har Something the STATE May 124 Months	est.
24 hours in Item is patie	14, 1	ATHER'S NAME First Middle Smith Is. MOTHER'S MAIDEN NAME First Middle many Common Smith	Harvey
page hay		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17, INFORMANT Janes Lee Smith - aller	deen, ml.
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d be executed d "pending" in Chief Medical E transit permit. I y _k event within		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) ODON FY 2 ct4 2 4 5 Km 11	
e ex penc ef M sif p		Onditions, if any, which gave)	
		rise to immediate cause (a). (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sha ne w ia th buria		last. (c)	
This certificate should cate, writing the ward be farwarded to the Clebe used as a burial-tree removal, and in any,	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certificate, writing be farward as a consequence of	CERTIFICATION	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This cate, be fa	RTIF		YES NO
	MED CA. C	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M PM 2-8 1969 Auto A - a - a - a - a - a - a - a - a - a -	
	×	21d In. JRY OCCURRED WHILE NOT WHILE AT WORK AT WORK USE AT WORK	County State
EX. Page		220 certify that I tack charge of the remains described above, held on Autopsy , Inspection , Inspection Inquiry	and in my opinion
DEPUTY COLCAL EXAM cessary, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR. Page calth prior to buriel, crem		death resulted from: Notural couses, Accident (C.), Suicide, Homicide, Undetermined manner	
ITY DICTORY OF THE CALL DIRECT PRIOR TO		actual Denoed & Palmer CHIEF MEDICAL EXAMINER D 22D, DATE SH	CHEU .
O DEPUTY The funeral S may be r O FUNERAL Health prik		DEPUTY MEDICAL EXAMINED (3	-19-69
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr	L	NAME (Type) Gerald G. Falmer, M. D. ADDRESS(Street, city, town, or county)	
07 10 10 He		Survey 2-22-69 Berkley Unetery Vailing ton,	(State) (State) Wi
VR ATSME IS TOM REV 1/60	24.	HERRAL DIRECTOR 2. Bullock Harre defraction 250, RECID BY REGISTRARS SIN	GNATURE YARESTEEL
/// /			





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02473 CERTIFICATE OF DEATH 1 DECEASED NAME E.rst M_iddie 2a DATE OF DEATH (Type or print) Manth IE UNDER 1 YEAR 3. SEX-6. AGE (In years GAYS last_birthday) HOURS 12 December 1927 requires that the deoth certificate be executed within 24 hours completely filled in by 7a. BIRTHPLACE (State_ar foreign 9. COUNTY OF DEATH 76 CITIZEN_OF WHAT COUNTRY? MARRIED NEVER MARRIED (auntry) WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 12a. JSUAL OCCUPATION (Kind of work done HOSPITAL OR INSTITUTION (If not in haspital 2b. KIND OF BUSINESS OR duting most of working life, even if retired.) corbon Purchasing Agent Govt event, 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before CITY OR TOWN admission) STATE 13b COUNTY edse remove ond in any 14. FATHER'S NAME Middle 15 MOTHER S MAIDEN NAME First physic.an-and 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT Address Yes, na, ar unknawn) ā burial, cremation, or removal, the attending physical period of the part Thomas, Havre de Grace, Maryland Jayne E. 18. CAUSE OF DEATH (Enter only one cause per line for log-BETWEEN ONSET AND DEAT PART . DEATH WAS CAUSED BY days IMMEDIATE CAUSE (a) signed by the burial-tronsit Canditions, if any, which gave: rise la immediate cause (a), DUE TO, OR AS A COM stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to O FUNERAL DIRECTOR: After this certificate hos been 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? TENDING PHYSICIAN: The NO F for use Health TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part) OR CONTRIBUTING AJSE OF CEATH HOUR A.M. (If either, natify medical examiner) detoched (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State Nat while at wark at wark 19 6 4, 10 220. I certify that (I) (this hospital) attended the deceased from ______ , and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on be retained causes stated above, (1) (we) (did) (did not) view the body after death. 22b/SIGNATUR 22c DATE SIGNED ÄTTENDING PHYS STAFF PHYS. 27 February 1969 DIRECTOR director, poge should be filed 22d. PHYSICIAN S 22e. ADDRESS 23a. BURIAL (REMATION REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) 23b DATE (Caunty) (State) 2 March Wesleyan Chapel Cemetery Havre de Grace, Maryland 24. FUNERAL DIRECTOR VR A15 (4) 30M REV Tarring Funeral Home, Aberdeen, Md. 21003



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	02479 CERTIFICATE OF DEATH	001191
로 "전로	I. DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b HOUR P
leath.	(Type or print) Agnes Delectes Thorn 2 Month 15 Day	59 Year 11:30M
- P	3 SEX 4 AGE 5 DATE OF BIRTH 6 AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS.
executed within 24 haurs after death of the completely filled in by the carban papers. Lages i and any event, within 72 haurs after, death		AONTHS CAYS HOURS MIN
aur da aur	Female Cancasian 1C/18/1882 86 YRS. 70. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Pers. in Port	(dunity)	Md.
executed within 24 haundone completely filled in by remave carban papers. any event, within 72 hau	Maryland USA WIDOWED DIVORCED Harford 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
if i	give street address) during most of working life, even if retired to	INDUSTRY CHA
d w arb	Layre de Grace, Md. Citizens Nursing Home Registered Nurse 130 SUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, City OR TOWN 13d, INSDECTI LAMITS 13e, STREET AND NUMBER	(1) Estical
omplete ve carl	10' an) STATE 113h COUNTY	
0 0 0	Maryland: Harford Bel Air 24 Ponney Ivan	Lost Lost
in a line	THOMAS IZMAN	
Skign and please remain any, and in any		adley
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) 1.1 yes give wor or doles of service) 217-30-3235 TOG ROBERT N. TURNET BELAGINATION	IA HUEMUE
that the death certifica on. by the attending phys transit permit. Then pl		APPROXIMATE INTERVA.
The remaining	18 CAUSE OF DEATH (Enter only one couse per une for (a) (b) and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CALL CLUB C. ANNES	BETWEEN DISSET AND GEATH
ne death affendi permit. ian, or r	IMMEDIALE CAUSE (0)	
pe at per triam	Conditions, if any, which gove	Trears
t to the size of t	nse to immediate cause (a).	1
t is defined as a second of the second of th	storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	2 culso.
equires that the physicion. signed by the c burial-transit pi burial, crematia	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
OR ATTENDING PHYSICIAN: The law requires that the death certific be retained by the hospital ar attending physician. JIRECTOR: After this certificate has been signed by the attending physes 3 shauld be detached far use as the burial-transit permit. Then ped with the State Dept. af Health priar ta burial, crematian, or removal.	TAKE 2 OFFICE SIGNIFICANT CONDITIONS CONTRIBUTION TO DESITE BUT NOT RECALLED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN TAKE 1(0)	
din din the true or to	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CON	ACIDEDED IN CEDTIEVING
as then the prince of the prin	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO. CAUSES OF DEATH? 21b. TIME OF INJURY 12b. TIME OF	GIDERED IN CERTIFIING
	210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	nn 193
fical of He		301 20-7
SSPITE SPITE	OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (ALHOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town	County State
PHY is of tack	While Not while	County State
1 + + 9 e	at work at work at work at the foreign attended the design from the state of the st	29 that Ill Israel land
Affe Steel	22a. I certify that (I) (this haspital) attended the deceased from 1967, to 1967, to 1968, 1968 saw the deceased alive an 1968 and that in (my) (our) opinion death accurred on the date	and hour and from the
the the control of th	causes stated abave, (i) (we) (did) (did not) view the body offer death	June 11001 and state the
A Se	22b SIGNATURE 22c DA	ATE SIONED
OR be red wed w	Charles foley 1. DEGREE PHYS DIRECTOR D STAFF DIRECTOR D PHYS D	4/16/69
IAL I	22d. PHYSICIANS NAME (Type) SAFE FS THOSE TO THE TENTE OF TRAFF	in t
SPI 4 m d b	original original articles	/'C .
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creashauld be filed with the State Dept. af Health priar ta burial, creashauld be filed with the State Dept.	23a BURIAL, CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
5 5 5 p	BEMOVAL (Specify) FEb. 18, 1969 St. John's Cath. Ch CEm. Long Green, Balto. C	. Ad.
VR ALS (A) TH	24. FUNERA DIRECTOR WIGHT STEET WIGHT ADDRESS ST. 250 REC'D BY REGISTRAR ST. FFB 1 8 1969	IGNATURE
30M REV 1 ARE	J BOSEPH WILLIAM POSTET BELL Air Manyland 21014 DATE PED 10 1393	
	2	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02480 CERTIFICATE OF DEATH

be executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

VR A13074

02475

	DECEASED-NAME First (Type or print) Raymo		Watkins 2	o. DATE OF DEATH Manth Feb 21	Y90569 094
	Male Male	4. RACE Cau	s. DATE OF BIRTH 21 Feb 69	21.1102 (11.10012	IF UNDER 1 YEAR IF UNDER 24 NONTHS DAYS HOURS
0	o. BIRTHPLACE (Stote or foreign ountry) Maryland			OUNTY OF DEATH la rford	
A		Ground vegteet Right Army	Hospita 1 during most of	CUPATION (Kind of work done f working life, even if retired.)	12b. KIND OF BUSINESS O INDUSTRY
13	o USUAL RESIDENCE (Where deced dmission) Maryland	ised lived, if institution: Residence before 13c. 13b. COUNTY Harford	Whiteford YES NO	13e STREET AND NUMBER Ridge Rd B	ox 139
14	S. FATHER'S NAME First Marshall		IS. MOTHER'S MAIDEN NAME First Linda	Middle Lee	Taylor
1	60. WAS DECEASED EVER IN U.S. AR Yes, no. or unknown) (If yes give	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY NO.	17. INFORMANT Linda Watkins, W	Address hiteford. Maryls	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	(0)	LATED TO THE TERMINAL DISEASE OR COND	TION GIVEN IN PART 1(0)	
100124	190. DATE OF OPERATION 195	CONDITION FOR WHICH OPERATION WAS PERFORE	MED 200. AUTOPSY? YES X NO	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
	OR CONTRIBUTING CAUSE OF OE	TH HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter not	ure of injury in Port 1 or Port 2, Its City or Town	m 18.)
1					CO 0141
	22a. I certify that (IX (I) saw the deceased a causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type DAVID	nis haspital) attended the deceased from 21 Feb. 19.6 e, (I) (NO) (did NO) view the bady	om 21 Feb , 19 69 9, and that in (my) (over) apiniar y after death. ATTENDING MED. DIRECT 22e. ADDRESS US KIRK ARMY	STAFF 22c. DA	69, that (1) (NOX and hour and fran ITE SIGNED Feb 69

Lio MARIE A audient . Nes. Vis. 1969 del Adresson School Del Author Bell Alt. Colon St. Addition of the state of the st

OZOZO 2 _ ladge - child of sheet disch ceasel. Worlden V . Albert milles set 10711 00 0712 19114 os. is. is. of the state of 2 45 21 AND THE RESIDENCE OF THE STATE OF THE STATE